

## ACCOUNT CARD

	MEMBER APPLICA	ATION AND O	WNERSHIP INFO	RMATION	Member No:		
Member/Own	er:				Wichiger 140.		
Street:				P.O. Box:			
City/State/Zip: SSN/ Home Phone: Listed Unlisted Drive							
		List	ed Unlisted	Driver's Lic. No	):		
Work Phone:				Date of Birth:			
Mobile Phone:	<u> </u>			Password:			
E-mail:				Membership Eli	igibility:		
Employer: Occupation							
ACCOUNT OWNERSHIP SELECTION							
Party Initials	Choose ONE of the following forms of account ownership by placing your initials next to the chosen form of ownership. The type of account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following forms of account ownership. You may choose to designate one or more convenience signers on an account, even if the account is not a convenience account. A designated convenience signer may make transactions on your behalf during your lifetime, but does not own the account during your lifetime. The designated convenience signer owns the account on your death only if the convenience signer is also designated as P.O.D. payee or trust account beneficiary. The selection you make below will apply to all the accounts listed in the "ACCOUNT TYPE" section.  SINGLE PARTY ACCOUNT WITHOUT PAYABLE ON DEATH (POD) DESIGNATION. The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party's estate under the party's will or by intestacy. The						
	party to the account is listed as the Member/Owner.  SINGLE PARTY ACCOUNT WITH PAYABLE ON DEATH (POD) DESIGNATION. The party to the account owns the account. On the death of the party, ownership of the account passes to the POD beneficiaries of the account. The account is not a part of the party's estate. POD beneficiaries are listed in the "POD BENEFICIARIES" section. The party to the account is listed as the Member/Owner.  INDITIONAL TIPLE PARTY ACCOUNT WITH PICHT OF SURVIVORSHIP. (All parties must initial.) The parties to the account owns the						
	JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP. (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties. Parties to the account are listed as Member/Owner and Joint Owner.						
	JOINT MULTIPLE PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP. (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes as a part of the party's estate under the party's will or by intestacy. Parties to the account are listed as Member/Owner and Joint Owner.						
	JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND PAYABLE ON DEATH (POD) DESIGNATION. (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the POD beneficiaries. POD beneficiaries are listed in the "POD BENEFICIARIES" section. Parties to the account are listed as Member/Owner and Joint Owner.						
	CONVENIENCE ACCOUNT. (Member must initial.) The parties to the account own the account. One or more convenience signers to the account may make account transactions for a party. A convenience signer does not own the account. On the death of the last surviving party, ownership of the account passes as a part of the last surviving party's estate under the last surviving party's will or by intestacy. The financial institution may pay funds in the account to a convenience signer before the financial institution receives notice of the death of the last surviving party. The payment to a convenience signer does not affect the parties' ownership of the account. The party(ies) to the account are listed as Member/Owner and Joint Owner.						
	,			NCE SIGNER DESIGNATION			
Please complete this section i  Account Type		you have cor		on any of the accounts in the nvenience Signer(s)	e "ACCOUNT OWNERSHIP SELECTION section."  Signatures of Convenience Signer(s)		
Other:					See Account Authorization Card		
Other.			IOINT MI II TIDI	E PARTY ACCOUNT INFOR			
Joint Owner:			JOHN WILLIAM	SSN/TIN:			
Street:				Driver's Lic. No:			
City/State/Zip:				Date of Birth:			
Home Phone:		Listed	Unlisted	Password:			
Work Phone:				E-mail:			
Joint Owner:				SSN/TIN:			
Street:				Driver's Lic. No:			
City/State/Zip:	:			Date of Birth:			
Home Phone:		Listed	Unlisted	Password:			
Work Phone:				E-mail:			
Joint Owner:				SSN/TIN:			
Street:				Driver's Lic. No:			
City/State/Zip	:			Date of Birth:			
Home Phone:		Listed	Unlisted	Password:			
Work Phone:				E-mail:			

ACCOUNT TYPE								
The authorizations and information given herein, and the accounts listed unless the Credit Union is notified		n the "ACCOUNT OWNERSHIP SELECTION	I" section apply to all of					
the accounts listed unless the Credit Official is notified	Suffix	Suffix						
Share/Savings:		Money Market:						
Share Draft/Checking:		☐ HSA:						
Share Certificate/Certificate:		Other:						
The account number for each of the accounts liste	d consists of the suffix ad							
APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.								
be listed for that account type.	ACCOUNT SERVICE	rec						
Payroll Deduction/Direct Deposit:	ACCOUNT SERVICE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Audio Response:								
Overdraft Protection (Indicate transfer priority.)								
ATM Card:	1—	Debit Card:						
PC Access/Internet Banking:								
Other:								
POD BENEFICIARIES								
Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed in this								
section. The beneficiaries listed here are beneficiaries to all the accounts listed in the "ACCOUNT TYPE" section.								
Name of Beneficiary		Identifying Information						
O.U.	OTODIAL DEGICALATION AND	D. INICODA A TION						
	STODIAL DESIGNATION AND		Custodian) as sustadian					
The account(s) listed in the "ACCOUNT TYPE" se for		ى r the Texas Uniform Transfers to Minors A	Custodian) as custodian					
Custodian's Address:	` ,							
Phone: Date of Birth:	SSN/TIN:							
Pursuant to the Texas Uniform Transfers to Minors A	ESIGNATION OF SUCCESSO	R CUSTODIAN						
successor custodian for all accounts listed in the "A		his designation shall take effect only upon	my death, resignation,					
incapacity or removal.								
Signature of Custodian:		Date:						
Witness:								
	CATION AND BACKUP WITH	IHOLDING INFORMATION						
Under penalties of perjury, I certify that:	vnavar idantification number	(or I am waiting for a number to be issued	) and					
(1) The number shown on this form is my correct to (2) I am not subject to backup withholding because	e: (a) I am exempt from back	kup withholding, or (b) I have not been no	tified by the Internal					
Revenue Service (IRS) that I am subject to back notified me that I am no longer subject to backu	withholding, and	•						
(3) I am a U.S. citizen or other U.S. person. For for citizen or U.S. resident alien; a partnership, con	deral tax purposes, you are poration, company, or assoc	considered a U.S. person if you are: an il ciation created or organized in the United	ndividual who is a U.S. States or under the					
laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).  (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.								
Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.								
Exempt payee code (if any)		Exemption from FATCA reporting code (if a	inv)					
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AUTHORIZATION  By signing below, I/we certify that the information on this Account Card is complete and true and that I/we agree to the terms and conditions of								
the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment								
the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of								
and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent								
to any provision of this document other than the certifications required to avoid backup withholding.								
X	X							
Primary Signature	Date Joint S	Signature	Date					
Х	X							
Joint Signature		Signature	Date					
FOR CREDIT UNION USE ONLY	See Account Change Card	<u> </u>	eneficiary Card					
Date of Membership: Opened/Ap	p'd by:	Member Verification:						
Credit Report Check		☐ PIN Request						
	esponse	PC Access/Internet Banking						