

Account Card

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account. What this means for you: **When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license, social security card, or other identifying documents.**

ACCOUNT SERVICES (Check all that you are interested in)

- | | |
|------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> A2A Transfers | <input type="checkbox"/> Online Banking |
| <input type="checkbox"/> Audio Response (Phone Automated Teller) | <input type="checkbox"/> Overdraft Protection (indicate transfer priority) |
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Payroll Deduction/Direct Deposit |
| <input type="checkbox"/> ATM | <input type="checkbox"/> Share Plus (Opt-In) |
| <input type="checkbox"/> Emails (Opt-In) | <input type="checkbox"/> Text Balancing |
| <input type="checkbox"/> eStatements (Opt-In) | <input type="checkbox"/> TruStage Ins. |
| <input type="checkbox"/> Mobile App | <input type="checkbox"/> Other |

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

- | | |
|---------------------------------------------------------|------------------------------------------------|
| Suffix | Suffix |
| <input type="checkbox"/> Share/Savings: _____ | <input type="checkbox"/> Money Market: _____ |
| <input type="checkbox"/> Secondary Share/Savings: _____ | <input type="checkbox"/> Vacation Club: _____ |
| <input type="checkbox"/> Share Draft/Checking: _____ | <input type="checkbox"/> Christmas Club: _____ |
| <input type="checkbox"/> Share Certificate: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> IRA: _____ | |
| <input type="checkbox"/> IRA Certificate: _____ | |

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER 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.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: _____

Member/Owner:

- | | |
|-------------------------------------------------------------------------------|---------------------------|
| Address Line 1: | SSN/TIN: |
| Address Line 2: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Codeword: |
| Work Phone: | Employer: |
| Cell Phone: | Employer Address/Station: |
| E-mail: | Membership Eligibility: |
| Relationship to Member: | Member Name: |

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual Joint Account with Rights of Survivorship

Signature Owner **X** _____ Signature Joint Owner 1 **X** _____
Signature Joint Owner 2 **X** _____

- | | |
|-------------------------------------------------------------------------------|-------------------|
| Joint Owner 1: | SSN/TIN: |
| Address Line 1: | Driver's Lic. No: |
| Address Line 2: | Date of Birth: |
| City/State/Zip: | Codeword: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | E-mail: |
| Cell Phone: _____ Work Phone: _____ | Employer/Address: |
| Joint Owner 2: | SSN/TIN: |
| Address Line 1: | Driver's Lic. No: |
| Address Line 2: | Date of Birth: |
| City/State/Zip: | Codeword: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | E-mail: |
| Cell Phone: _____ Work Phone: _____ | Employer/Address: |

ACCOUNT DESIGNATIONS

Payable on Death (POD) Account All Accounts Designate Specific Accounts _____

POD Payee 1: _____	POD Payee 3: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
SS#: _____	SS#: _____
Date of Birth: _____	Date of Birth: _____
POD Payee 2: _____	POD Payee 4: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
SS#: _____	SS#: _____
Date of Birth: _____	Date of Birth: _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United 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 any) _____

AUTHORIZATION

By signing below, 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.**

Signature (Account Owner) _____ Date _____ <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 10px;">X</div>	Signature (Joint Owner 1) _____ Date _____ <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 10px;">X</div>
Signature (Joint Owner 2) _____ Date _____ <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 10px;">X</div>	Signature (Joint Owner 3) _____ Date _____ <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 10px;">X</div>

FOR CREDIT UNION USE ONLY See Account Change Card

Date of Membership: _____ Opened/App'd by: _____ Member Verification: _____

Check Verify Access Card Audio Response PC Access/Internet Banking



Post Office Credit Union of Maryland, Inc. is privately insured by American Share Insurance. Your savings are insured to \$250,000 per account. By members' choice, this institution is not federally insured.