



Member Services Request

NEW UPDATE MEMBER NO: _____

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 or other identifying documents.

MEMBER/OWNER INFORMATION

Member/Owner Name:	SSN/TIN:
Street:	Driver's License or ID Number:
City/State/Zip:	ID Issuing State:
Primary Phone:	Date of Birth:
Secondary Phone:	Email:
Employer:	Occupation/Title:

Membership Eligibility:

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT TYPES

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
<input type="checkbox"/> Special Savings: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Money Market: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
<input type="checkbox"/> Cub or Teen Savings: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Share Certificate: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Remove

ACCOUNT SERVICES

<input type="checkbox"/> Debit Card: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> IDProtect - If checked, I wish to sign up for IDProtect, at a cost of \$1.95 per month.
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	

JOINT MULTIPLE PARTY/AUTHORIZED SIGNER INFORMATION

Joint Owner Add Update Remove

Name #1:	SSN/TIN:
Street:	Driver's License or ID Number:
City/State/Zip:	ID Issuing State:
Primary Phone:	Date of Birth:
Secondary Phone:	Email:
Employer:	Occupation/Title:

Joint Owner Add Update Remove

Name #2:	SSN/TIN:
Street:	Driver's License or ID Number:
City/State/Zip:	ID Issuing State:
Primary Phone:	Date of Birth:
Secondary Phone:	Email:
Employer:	Occupation/Title:

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. 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.
____ _ ____ _	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 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.

ACCOUNT DESIGNATIONS

POD Beneficiaries - Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all accounts listed under the "ACCOUNT TYPE" section.

Name of Beneficiary: _____ Identifying Information: _____

Name of Beneficiary: _____ Identifying Information: _____

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. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. 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

<p>Credit Report Authorization: By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.</p>	<p>For Account and/or Account Service Requests: By signing or otherwise authenticating below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth in Savings Disclosure, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and Disclosure and Privacy Notice and to any amendments to these documents that the Credit Union may make from time to time.</p>
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The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member/Owner	Date
X	

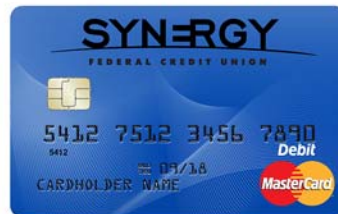
Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Synergy Federal Credit Union

Debit Card: If you will be getting a checking account and requesting a debit card, please choose from one of the designs below.

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REGULATION E: CONSENT FORM FOR OVERDRAFT SERVICES

What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdrafts practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

➤ **What are the standard overdraft practices that come with my account?**

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

➤ **What fees will I be charged if Synergy Federal Credit Union pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee up to \$25 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

➤ **What if I want Synergy Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?**

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, visit www.synergyfcu.org, or complete the form below and present it at a branch or mail it to: PO Box 691730, San Antonio, TX 78269

 I want **Synergy Federal Credit Union** to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name: _____

Date: _____

Account Number: _____