

Member Service Agreement

Part 1



PO Box 219751
Houston, TX 77218
PH: 281-398-9900
TF: 800-753-2428
www.mccu.com

OWNER INFORMATION (An owner can start, conduct transactions on, maintain, change, add and terminate an account, product or service.)

1

Owner 1 Name		Address	City	State	ZIP
Home Phone	Cell Phone	Mailing Address (if different from physical address)	City	State	ZIP
E-mail	Social Security Number	Date of Birth	Driver's License - State, Number & Issue and Exp. Date		
Employer/Retired From	Occupation/Profession	Work Phone	Mother's Maiden Name		

ACCOUNT(S)

2

CERTIFICATE ACCOUNT ANNUAL PERCENTAGE YIELD (APY), RATE & TERMS (As Applicable)

3

Term	Amount	Source of \$	Dividends to: <input type="checkbox"/> Remain in Acct. <input type="checkbox"/> Mail Funds by Check <input type="checkbox"/> Deposit to Acct. _____
Rate	Annual % Yield	Maturity Date	On Maturity: <input type="checkbox"/> Renew for Term & Prevailing Rate <input type="checkbox"/> Deposit to Acct. _____

SERVICE(S) <input type="checkbox"/> Debit Card <input type="checkbox"/> Audio Response <input type="checkbox"/> Online Banking <input type="checkbox"/> eStatements	Pay Overdrafts for: <input type="checkbox"/> Checks/ACH <input type="checkbox"/> Debit/ATM
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4

MULTIPLE OWNER(S) INFORMATION (An owner can start, conduct transactions on, maintain, change, add and terminate an account, product or service.)

5

Owner 2 Name		Address	City	State	ZIP
Home Phone	Cell Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Number & Issue and Exp. Date	Employer/Retired From	Work Phone	Occupation/Profession	Mother's Maiden Name	

Owner 3 Name		Address	City	State	ZIP
Home Phone	Cell Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Number & Issue and Exp. Date	Employer/Retired From	Work Phone	Occupation/Profession	Mother's Maiden Name	

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations to receive the funds held in the account(s) on the death of the final owner.)

7

Beneficiary/POD Payee 1 Name	Relationship	Beneficiary/POD Payee 2 Name	Relationship	Beneficiary/POD Payee 3 Name	Relationship
Beneficiary/POD Payee 4 Name	Relationship	Beneficiary/POD Payee 5 Name	Relationship	Beneficiary/POD Payee 6 Name	Relationship

TAX INFORMATION CERTIFICATION By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.
 I am subject to backup withholding Exempt I am not a United States citizen or resident (complete W-8 form)

ACKNOWLEDGMENT Owner 1 is or applies to be a member of Members Choice Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 (the terms) of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Fee disclosures. Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 8 above).

Owner 1 Signature	Owner 2 Signature	Owner 3 Signature
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I agree to be removed as an Owner

State of _____ in the county of _____, Notary _____

This Agreement was signed before me on _____ Commission Expires _____

by _____
Name(s) of Owner(s)

OFFICE USE ONLY	CU Employee Name	ID Number	Field of Membership	<input type="checkbox"/> Page 1 of 2	10
	<input type="checkbox"/> OIC/AIT			Date	

Member Service Agreement

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ACCOUNT(S) _____ 2

MULTIPLE OWNER(S) INFORMATION (An owner can start, conduct transactions on, maintain, change, add and terminate an account, product or service.) 5

Owner 4 Name _____ Address _____ City _____ State _____ ZIP _____
Home Phone _____ Cell Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____
Driver's License - State, Number & Issue and Exp. Date _____ Employer/Retired From _____ Work Phone _____ Occupation/Profession _____ Mother's Maiden Name _____

Owner 5 Name _____ Address _____ City _____ State _____ ZIP _____
Home Phone _____ Cell Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____
Driver's License - State, Number & Issue and Exp. Date _____ Employer/Retired From _____ Work Phone _____ Occupation/Profession _____ Mother's Maiden Name _____

Owner 6 Name _____ Address _____ City _____ State _____ ZIP _____
Home Phone _____ Cell Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____
Driver's License - State, Number & Issue and Exp. Date _____ Employer/Retired From _____ Work Phone _____ Occupation/Profession _____ Mother's Maiden Name _____

RESPONSIBLE INDIVIDUAL INFORMATION (A responsible individual can conduct transactions on behalf of the owner(s).) 6

Responsible Individual Name _____ Relationship _____ Address _____ City _____ State _____ ZIP _____
Home Phone _____ Cell Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____
Driver's License - State, Number & Issue and Exp. Date _____ Employer/Retired From _____ Work Phone _____ Occupation/Profession _____ Mother's Maiden Name _____

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations to receive the funds held in the account(s) on the death of the final owner.) 7

Beneficiary/POD Payee **7** Name _____ Relationship _____ Beneficiary/POD Payee **8** Name _____ Relationship _____ Beneficiary/POD Payee **9** Name _____ Relationship _____
Beneficiary/POD Payee **10** Name _____ Relationship _____ Beneficiary/POD Payee **11** Name _____ Relationship _____ Beneficiary/POD Payee **12** Name _____ Relationship _____

TAX INFORMATION CERTIFICATION By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.
 I am subject to backup withholding Exempt I am not a United States citizen or resident (complete W-8 form)

ACKNOWLEDGMENT Owner 1 is or applies to be a member of Members Choice Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 (the terms) of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Fee disclosures. Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and start, maintain, change, add or terminate accounts, products and services and a responsible individual may conduct transactions on accounts, products and services, as explained in Part 2 of this MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 8 above).

Owner 1 Signature _____ Owner 2 Signature _____ Owner 3 Signature _____
Owner 4 Signature _____ Owner 5 Signature _____ Owner 6 Signature _____
Responsible Individual Signature _____ I agree to be removed as an Owner or Responsible Individual _____

State of _____ in the county of _____, Notary _____

This Agreement was signed before me on _____ Commission Expires _____

by _____
Name(s) of Owner(s), Responsible Individual _____

OFFICE USE ONLY _____
CU Employee Name _____ ID Number _____ Field of Membership _____
 OIC/AIT _____
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Date _____