

STATE HIGHWAY PATROL FEDERAL CREDIT UNION 1900 POLARIS PARKWAY • SUITE 400 • COLUMBUS, OH 43240

Account Card Member No:

## Member Application & Ownership Information

[ ] New Account [ ] Name Change to Current Account [ ] Add Joint Owner or POD

[ ] Add Share Draft/Checking to Current Account [ ] Remove Joint/Primary Owner or POD

### **Account Ownership**

Designate the ownership of the accounts and responsibility for the services requested. Funds held in the account will be controlled by the account owner equally with the joint owner(s). Upon death of any account owner, funds will first pass to any surviving joint owner(s). If there is no surviving joint owner, funds will then pass to the named beneficiaries as listed on the application.

Individual account \_\_\_\_\_ Joint account with Rights of Survivorship

Member/Owner	SSN/TIN				
Street	Drivers Lic. No/ State				
City/State/Zip	Date Issued Expires				
Primary Phone No(H,W,or C)	Date of Birth				
Other Phone No(H,W,or C)	Email				
Employer	Membership Eligibility– [ ] OSHP				
	[ ] Family [ ] Retiree				
Joint Owner #1	SSN/TIN				
Street	Drivers Lic. No/ State				
City/State/Zip	Date Issued Expires				
Primary Phone No	Date of Birth				
Other Phone No	Email				
Employer					
Joint Owner #2	SSN/TIN				
Street	Drivers Lic. No/ State				
City/State/Zip	Date IssuedExpires				
Primary Phone No	Date of Birth				
Other Phone No	Email				
Employer					
	esignations				
Beneficiary/POD Payee	Beneficiary/POD Payee				
	Street				

Street	Street
City/State/Zip	City/State/Zip
Relationship: (optional)	Relationship (optional)

### Account Type

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

[	] Share/Savings (\$5.00 min dep)	[	]	Blue Max Savings (\$2500.00 min dep)
[	] Christmas Club Savings (\$5.00 min dep)	[	]	Share Certificate (\$500.00 min dep per cert)
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Account Services offered for share accounts: Online/Digital Banking [ ]

[ ] Share Draft/Checking (\$25.00 min dep)

Account Services offered for Share Draft/Checking: Online/Digital Banking [ ] Overdraft Protection [ ] ATM/Debit MasterCard [ ] 1st Box of checks (Free) [ ] Phone # printed on checks? Y / N

# **TIN Certification and Backup Withholding Information**

Under penalties of perjury, I certify that:

**Risk Rating Form** 

- (1) The number shown on this form is my correct taxpayer identification number, 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 © the IRS has notified 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.

CONSENT TO CONTACT- In the future, we (State Highway Patrol Federal Credit Union) may want to reach out to you by phone or text message in order to provide you with important information specific to your account or services you use, such as status updates on applications or alerts related to suspected fraudulent activity. The following language is included on this application to serve as your consent to allow us to do this. This consent is not required to obtain any accounts or services from State Highway Patrol Federal Credit Union, and you may choose to opt out at any time by any reasonable means. By submitting this application, you agree we and/or our third-party providers, including debt collectors, may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us. This consent includes any contacts for advertising and telemarketing purposes. You may withdraw this consent to be contacted at any time by any reasonable means. If you have provided a wireless telephone number in connection with any account, you represent and agree you are the wireless subscriber or customary user with respect to the wireless number provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) which you have provided to us. In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless/cell phone number, to deliver to you any messages related to suspected or actual fraudulent activity on your account, data security breaches, or identity theft following a data breach, money transfers, or any other exigent messages permitted by applicable law. You will have an opportunity to optout of such communications at the time of delivery.

(Initial here)

#### 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 disclosure applicable to the accounts and services requested herein. If an Electronic 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.* 

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 who opens an account.

What this means to you: When you open an account, we 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.

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X	Date	X	Date
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