



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 who opens an account. 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.

1. MEMBER INFORMATION

Owner Name _____	Member No. _____
Street _____	SSN/TIN _____
City _____	Driver's Lic. No./ID _____
State/Zip _____	Date of Birth _____
Home Phone _____	Mother's Maiden Name _____
Work Phone _____	Email Address _____
Cell/Mobile No. _____	Name of someone who will always know your location: _____
Employer _____	Address _____
Occupation _____	Telephone No. _____
I qualify for membership because _____	

2. ACCOUNT OWNERSHIP INFORMATION

NOTICE: The type of account you select may determine how ownership of your property passes on your death. Your Will may not control the disposition of funds held in some of the following accounts. The selection you make below will apply to all the accounts listed on the reverse side under the Account Type section.

Party Initials Select only **ONE** of the following accounts by placing your initials next to the account selected:

_____ <input type="checkbox"/>	SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (PAYABLE ON DEATH) 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.
_____ <input type="checkbox"/>	SINGLE-PARTY ACCOUNT WITH "P.O.D." (PAYABLE ON DEATH) DESIGNATION. The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. The account is not a part of the party's estate. P.O.D. beneficiaries are listed below in the section titled "P.O.D. Beneficiaries." The party to the account is listed as the Member/Owner.
_____ <input type="checkbox"/>	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.
_____ <input type="checkbox"/>	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.
_____ <input type="checkbox"/>	MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND P.O.D. (PAYABLE ON DEATH) 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 P.O.D. Beneficiaries. Parties to the account are listed as Member/Owner and Joint Owner.

3. MULTIPLE PARTY OWNERSHIP

Joint Owner #1

Name _____	SSN/TIN _____
Street _____	Driver's Lic. No./ID _____
City/State/Zip _____	Date of Birth _____
Home Phone _____ Cell Phone _____	Mother's Maiden Name _____
Work Phone _____	Relationship to Member _____
Employer _____	Occupation _____
Email Address _____	

Joint Owner #2

Name _____	SSN/TIN _____
Street _____	Driver's Lic. No./ID _____
City/State/Zip _____	Date of Birth _____
Home Phone _____ Cell Phone _____	Mother's Maiden Name _____
Work Phone _____	Relationship to Member _____
Employer _____	Occupation _____
Email Address _____	

Print Name _____ Date _____

4. P.O.D. BENEFICIARIES

Designation of P.O.D. (Payable on Death) Beneficiaries – To include a P.O.D. Beneficiary on your accounts, provide the following information:
Beneficiary Name _____ Relationship to Member _____
Address _____ SSN/TIN _____
City/State/Zip _____

Designate Account(s) for this P.O.D. Beneficiary: All Accounts Designate specific account(s)

5. ACCOUNT TYPE

Election of Accounts – I authorize MemberSource Credit Union to establish the following accounts/services:
 Share Savings No. (Required Account) _____ Member's Advantage Checking No. _____
 Christmas Club Share No. _____ Market Reward Checking No. _____
 Term Share Certificate No. _____ Select Checking No. _____
 Simply Free Checking No. _____ Money Market No. _____
 Personal Choice Checking No. _____ Other _____

6. ACCOUNT SERVICES

Election of Account Services: *(overdraft transfer options – continued)*
 VISA® Check Card (Checking Only) Savings Before Loan, SV# _____ LN# _____
 Touchtone Teller w/Online Account Access Savings Before Savings, SV# _____ SV# _____
 Overdraft Protection (Checking Only) Line of Credit Only, LN# _____
Choose your overdraft transfer option: Loan Before Savings, LN# _____ SV# _____
 None Credit Card Only, LN# _____
 Savings Only, SV# _____

7. CUSTODIAL DESIGNATION AND INFORMATION

This account is held by _____ (Custodian) as a custodian for _____ (Minor)
Under the Texas Uniform Transfers to Minors Act.
Custodian's address _____
Phone: _____ Date of Birth: _____ SSN: _____

8. DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Texas Uniform Transfer to Minors Act, I hereby designate successor custodian for all accounts of the above name minor in this credit union for which I am named as custodian. This designation shall take effect only upon my death, resignation, incapacity or removal.
Signature of Custodian _____ Date _____
Witness _____ Date _____

9. TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below and 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).*
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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

10. SIGNATURES AND AUTHORIZATIONS

By signing below, I hereby make application for membership in **MemberSource Credit Union** and agree to subscribe for at least one share. In considering this application and/or any request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with me. I/We agree to conform to the Credit Union's rules, regulations, bylaws, and policies now in effect and as amended or adopted hereafter. I/We acknowledge receipt of the Credit Union's Account Agreement, Truth-in-Savings, Rate Schedule and Account Disclosure, Fee schedule, Availability of Funds Disclosure and Electronic Funds Transfer Services Disclosure which are incorporated into and made a part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. If I/We have designated any account opened to be a joint account with right of survivorship, then on the death of one party to such account, all sums in the account on the date of the death shall vest in and belong to the surviving party as his or her separate property. **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

X _____
*OWNER'S SIGNATURE DATE

X _____
*JOINT OWNER'S SIGNATURE (#1) DATE

X _____
*JOINT OWNER'S SIGNATURE (#2) DATE

X _____
*JOINT OWNER'S SIGNATURE (#3) DATE

*For identification purposes, please attach a copy of your driver's license.

FOR CREDIT UNION USE ONLY

Telecheck Approval # _____ OFAC Completed _____ Eligibility Code _____
MSCU Employee _____ Teller # _____ Date Opened _____
Membership Officer _____ Date Approved _____