

ACCOUNT CHANGE 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. CURRENT ACCOUNT INFORMATION

Account Owners _____ Member No. _____

2. SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

- Add Account/Service Delete Account/Service Remove Joint Account Owner* Name: _____
 Add/Change/Remove POD/Beneficiary Change Name – Change my name as follows: _____
 Change Account/Service From: _____ To: _____ New Name: _____
 Add Joint Account Owner* Changed From: _____

*By signing on page 2, you understand that (1) it is your responsibility to notify the deleted owner(s) and retrieve all checks, debit cards and credit cards from joint owner(s). It is also your responsibility to see that all direct deposit and automatic debits for said joint owner are stopped. Upon failure to do so, you hereby relieve MSCU of any and all liability for transactions conducted with these vehicles by any deleted joint owner(s) and (3) that MSCU is obligated to honor this change only after MSCU has had a reasonable opportunity to act upon it, which shall not exceed one banking day from the time of notification.

3. 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. |

4. MULTIPLE PARTY INFORMATION

Joint Owner #1

Name _____
Street _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____
Employer _____
Email Address _____

SSN/TIN _____
Driver's Lic. No./ID _____
Date of Birth _____
Mother's Maiden Name _____
Relationship to Member _____
Occupation _____

Joint Owner #2

Name _____
Street _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____
Employer _____
Email Address _____

SSN/TIN _____
Driver's Lic. No./ID _____
Date of Birth _____
Mother's Maiden Name _____
Relationship to Member _____
Occupation _____

Print Name _____ Date _____

5. ACCOUNT TYPE

- Share Savings No. _____
- Christmas Club Share No. _____
- Term Share Certificate No. _____
- Simply Free Checking No. _____
- Personal Choice Checking No. _____
- Member's Advantage Checking No. _____
- Market Reward Checking No. _____
- Select Checking No. _____
- Money Market No. _____
- Other _____

6. ACCOUNT SERVICES

- VISA® Check Card (Checking Only)
- Touchtone Teller w/Online Account Access
- Overdraft Protection (overdraft transfer options)
Savings, Line of Credit, Credit Card, savings before loan, loan before savings) – Checking Only

_____ Transfer Priority

7. ACCOUNT DESIGNATIONS

P.O.D./Trust Account Beneficiaries - Add Change Remove

- All Accounts Designate specific account(s)

Beneficiary Name _____
 Address _____
 City/State/Zip _____

Beneficiary Name _____
 Address _____
 City/State/Zip _____

Trustee - Add Change Remove

- All Accounts Designate specific account(s)

Trustee Name _____
 Address _____

City/State/Zip _____

8. AUTHORIZATIONS

By signing below, I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. 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. 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 death shall vest in and belong to the surviving party as his/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

MSCU Employee _____ Teller # _____ Date Changed _____