



USA - PATRIOT ACT

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.

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 will also ask to see your driver's license or other government issued photo ID and your Social Security Card.

ACCOUNT CARD

ACCOUNT TYPE

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

Share/Savings _____

Suffix*

Member No.

Relationship Pricing Yes No

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner		SSN/TIN
Street		Driver's Lic. No.
City/State/Zip		Date of Birth
Home Phone	Employment	
E-mail		Work Phone
Eligibility for Membership		

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.*
- (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 of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. person (including a U.S. resident alien).*
- (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.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

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 Generations Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. I/We authorize the credit union to obtain a credit report. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds 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.**

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

ACCOUNT OWNERSHIP & BENEFICIARY

Designate the ownership of the accounts and responsibility for the services requested.

Individual **Joint Account with Survivorship** **Trust**

Joint Owner:	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Work Phone
Joint Owner:	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Work Phone
Joint Owner:	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Work Phone

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee	Beneficiary/POD Payee
Street	Street
City/State/Zip	City/State/Zip