

Member Number: \_\_\_\_\_

New

Update Existing (supersedes previous Card dated: \_\_\_\_\_)

**KINGS FEDERAL CREDIT UNION  
MASTER ACCOUNT SIGNATURE CARD**

**Primary Member Information**

Last Name:	First Name:	Middle Initial:	
Street:	City:	State:	ZIP:
Date of Birth:	Home/Cell Phone:	Business Phone:	
Employer:	Occupation:	Mother's Maiden Name:	
Driver's Lic. No.:	State:	Issue Date:	Exp.
SSN:	Email:		

**Joint Owner Information**

Last Name:	First Name:	Middle Initial:	
Street:	City:	State:	ZIP:
Date of Birth:	Home/Cell Phone:	Business Phone:	
Employer:	Occupation:	Mother's Maiden Name:	
Driver's Lic. No.:	State:	Issue Date:	Exp.
SSN:	Email:		

**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 me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

**I Wish to Open the Following Accounts:**

Share                       Share Draft  
 Term Share Certificate    Other: \_\_\_\_\_

**I Hereby Apply for the Following Services:**

ATM/Debit Card       Other: \_\_\_\_\_  
 Telephone Banking

**My Accounts Shall Be:**

Individual                       Joint                       With a Pay-on-Death Provision

**Terms & Conditions**

In this Signature Card, "I," "me," and "my" mean each and every person who signs below. "You" and "your" mean the Credit Union, except in the Request for Taxpayer Identification Number section below in which those words mean the individual who signs the Certificate. If I am not currently a member, I hereby make application for membership in Credit Union. Each applicant for membership certifies that he or she is within the Credit Union's field of membership. By signing below, I agree to conform to the Credit Union's bylaws as well as all applicable terms and conditions set forth in the Account Agreement and Truth-in-Savings Disclosure and the Electronic Funds Transfer Disclosure and Agreement (if applicable), receipt of which is hereby acknowledged and which are incorporated by this reference. I understand and agree that this Signature Card shall govern all accounts ("Accounts") opened under the Member Number set forth above. I authorize you to gather whatever credit, account, and employment information you consider appropriate from time to time. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my Accounts and/or in connection with making future credit opportunities available to me. I authorize you to give information concerning your credit experience with me to others. I agree that you may retain this Signature Card as well as all other information you receive.

**Pay-on-Death Provision**

If I make a pay-on-death (P.O.D.) beneficiary designation, I understand and agree that all sums are payable, by request, to the account owner during his/her lifetime and, upon his/her death, first to you to the extent of any outstanding matured or unmatured debts owed to you by me and second to the designated P.O.D. payee(s) or, if the Account is jointly owned, all sums are payable to one or more account owners during their lives and, on the death of all of them, first to you to the extent of any outstanding matured or unmatured debts owed to you by any of us and second to one or more payees then surviving in equal and individual shares, unless designated otherwise below. If a P.O.D. payee dies before all of the account owner(s), then, upon the death of all of the owner(s), all sums are payable first to you to the extent of any outstanding matured or unmatured debts owed to you by any of us and the remaining funds shall be divided equally among the surviving P.O.D. payees, if any, unless designated otherwise below. As between P.O.D. payees, there is no right of survivorship. A pay-on-death designation set forth in this Signature Card cannot be changed by a will.

(1) Payee Last Name:	Payee First Name:	Payee Middle Initial:	
Street:	City:	State:	ZIP:
SSN:	Phone:	Relationship:	Dist %:
(2) Payee Last Name:	Payee First Name:	Payee Middle Initial:	
Street:	City:	State:	ZIP:
SSN:	Phone:	Relationship:	Dist %:

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER**

**Part I. Taxpayer Identification Number (TIN) and Exemptions**

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in Instructions to IRS Form W-9.** For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see **How to get a TIN** in "Specific Instructions," Part I.

**Note:** *If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number to Give the Requester."*

**SOCIAL SECURITY NUMBER**

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**OR**

**EMPLOYER IDENTIFICATION NUMBER**

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**Exemptions**

**Note Regarding Exempt Payee Code:** *If you are exempt from backup withholding, you should provide an Exempt Payee Code to avoid possible erroneous backup withholding.*

**Exempt Payee Code (if any):**

\_\_\_\_\_

**Note Regarding Exemption from FATCA Reporting Code:** *If you are only submitting this form for an account you hold in the United States, you may leave this field blank.*

**Exemption from FATCA Reporting Code (if any):**

\_\_\_\_\_

**Part II. Certification**

By signing below, you certify, under the penalties of perjury, that:

1. The number shown on this form is your correct Taxpayer Identification Number (or you are waiting for a number to be issued to you), and
2. You are not subject to backup withholding because: (a) you are exempt from backup withholding; or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified you that you are no longer subject to backup withholding; and
3. You are a U.S. person (including a U.S. resident alien); and
4. The FATCA code(s) entered on this form (if any) indicating that you are 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 or dividends on your tax return.

**Note:** The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**Sign Here**

**Signature of U.S. Person** ➤

**Date** ➤

**Joint Owner, if any, must sign below:**

\_\_\_\_\_ x \_\_\_\_\_  
 Print Name Signature Date

**FOR CREDIT UNION USE ONLY**

Opened By:	Date:
Branch:	Eligibility:
OFAC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Chex System: <input type="checkbox"/> Yes <input type="checkbox"/> No
ID Verified?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Method Used:
Resolution of Any Substantive Discrepancy:	
Date Approved:	By Credit Union Officer:

