



MEMBER ACCOUNT CARD

Credit Union Name and Address:

Kentucky Employees Credit Union
 100 Moore Drive
 Frankfort, KY 40601

Date: _____

Ownership of Account : The specified ownership will remain the same for all accounts

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Additional Services Requested | <input type="checkbox"/> Other |
| <input type="checkbox"/> Joint with Survivorship (not as tenants in common) | Personal Information Change | |
| <input type="checkbox"/> Joint with No Survivorship | <input type="checkbox"/> Member | |
| <input type="checkbox"/> Trust-Separate Agreement Dated: _____ | <input type="checkbox"/> Joint Owner | |

Name & Address

Member Number

IMPORTANT INFORMATION OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provided is protected by our privacy policy and federal law.
 Enter **Non-Individual Owner Information** on Page 2. There is additional **Owner/Signer Information** space on page 2.

Primary Owner/Signer Information 1

Joint Owner/Signer Information 2

Name		
Relationship to Account (Owner and /or Signer, etc)		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID, Type, Number, State Issued Date, Exp Date		
Mothers Maiden Name		
Employer's Name & Address		
Password		
Member Qualification/ Relationship to Member		

Beneficiary Designation (check appropriate ownership above)

Beneficiary Name(s), Address(es), and SSN(s)
 (check appropriate beneficiary designation to the left)

- Revocable Trust
 Payable on Death

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: _____

Signature(s)

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | |
|--|---|
| <input type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Electronic Fund Transfers | <input type="checkbox"/> Truth in Savings |
| <input type="checkbox"/> Substitute Checks | <input type="checkbox"/> Funds Availability |
| <input type="checkbox"/> Common Features | <input type="checkbox"/> _____ |

X _____

X _____

X _____

X _____

Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.)

Joint Owner/Signer Information 3		Joint Owner/Signer Information 4
Name		
Relationship to Account (Owner and /or Signer, etc)		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID, Type, Number, State Issued Date, Exp Date		
Mothers Maiden Name		
Employer's Name & Address		
Password		
Member Qualification/ Relationship to Member		

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 unless the Credit Union is notified in writing of a change.		
<input type="checkbox"/> Share/ Savings _____	<input type="checkbox"/> Share Draft / Checking _____	<input type="checkbox"/> Share Certificate / Certificate _____
<input type="checkbox"/> Money Market _____	<input type="checkbox"/> IRA _____	<input type="checkbox"/> Other: _____
Services Requested		
<input type="checkbox"/> ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____) <input type="checkbox"/> E-Statements <input type="checkbox"/> Web Branch <input type="checkbox"/> Audio Response		

Backup Withholding Certifications
(If not a "U.S. Person", certify foreign status separately.)
TIN: _____
<input type="checkbox"/> Tax I.D. Number (TIN) – The number shown above is my correct taxpayer identification number
<input type="checkbox"/> Backup Withholding – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
<input type="checkbox"/> Exempt Recipients – I am an exempt recipient under the Internal Revenue Service Regulations.
I certify under penalties of perjury the statements check in this section and that I am a U.S. person (including a U.S. resident alien).

Other Terms/Information		
FOR CREDIT UNION USE ONLY		
Date of Membership :	Opened / App'd by:	Member Verification:
<input type="checkbox"/> Credit Report <input type="checkbox"/> Check Verify <input type="checkbox"/> ID Verification <input type="checkbox"/> Check Systems <input type="checkbox"/> OFAC		