



P.O. Box 22222 • Oklahoma City, OK 73123
(405) 722-2234 • (800) 324-8259

Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

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 when opening a new 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 may also ask to see your driver's license or other identifying documents.

MEMBER/OWNER INFORMATION

Update

Member/Owner Name: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Primary Phone: _____ Listed Unlisted Email: _____
Secondary Phone: _____ Listed Unlisted Security Code: _____
Employer: _____ Occupation/Title: _____

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT OWNERSHIP

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

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner UTMA Custodian Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

Name #1: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Primary Phone: _____ Listed Unlisted Email: _____
Secondary Phone: _____ Listed Unlisted Security Code: _____
Employer: _____ Occupation/Title: _____

Joint Owner Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

Name #2: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Primary Phone: _____ Listed Unlisted Email: _____
Secondary Phone: _____ Listed Unlisted Security Code: _____
Employer: _____ Occupation/Title: _____

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

Joint Owner Other Authorized Signer (Describe): _____ See Account Authorization Card
 Add Update Remove

Name #3: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Primary Phone: _____ Listed Unlisted Email: _____
Secondary Phone: _____ Listed Unlisted Security Code: _____
Employer: _____ Occupation/Title: _____

ACCOUNT TYPES

Share/Savings: _____ Add Remove Money Market: _____ Add Remove
 Share Draft/Checking: _____ Add Remove Other: _____ Add Remove
 Share Certificate/Certificate: _____ Add Remove Other: _____ Add Remove

ACCOUNT SERVICES

ATM/Debit Card: _____ Add Remove Overdraft Protection Update
 Audio Response: _____ Add Remove Indicate transfer priority:
 Online/Mobile Banking: _____ Add Remove 1. _____
 Bill Payment: _____ Add Remove 2. _____
 Other: _____ Add Remove 3. _____
4. _____

ACCOUNT DESIGNATIONS

Payable on Death (POD) All Accounts or Designate Specific Accounts: _____

Primary Beneficiaries

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____
(if available) SSN/TIN: _____ DOB: _____ (if available) SSN/TIN: _____ DOB: _____
Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____
(if available) SSN/TIN: _____ DOB: _____ (if available) SSN/TIN: _____ DOB: _____

Contingent Beneficiaries (if only one primary beneficiary is named)

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

UTMA

_____ (as custodian for _____ (Minor)
under the Oklahoma Uniform Transfers to Minors Act.) Minor's SSN/TIN: _____

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 (or I am waiting for a number to be issued),
- (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).
- (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) _____

CONSENT TO CONTACT

BY SIGNING BELOW, YOU AUTHORIZE OKLAHOMA EDUCATORS CREDIT UNION TO DELIVER OR CAUSE TO BE DELIVERED TO YOU AT THE TELEPHONE NUMBERS PROVIDED ABOVE, ADVERTISING AND TELEMARKETING TELEPHONE CALLS, TEXT MESSAGES, AND VOICEMAIL TRANSMISSIONS USING AN AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR AN ARTIFICIAL OR PRERECORDED VOICE. YOU ARE NOT REQUIRED TO SIGN THIS AUTHORIZATION OR ENTER INTO THIS AGREEMENT AS A CONDITION OF PURCHASING ANY PROPERTY, GOODS OR SERVICES. You may withdraw the consent provided herein at any time by providing written notice to us at PO Box 22222 Oklahoma City, OK 73123, by email to support@oecu.com, via phone at (800) 324-8259 or by any other reasonable means.

Member/Owner	Date
X	(Seal)

Joint Owner/Authorized Signer	Date
X	(Seal)

Joint Owner/Authorized Signer	Date
X	(Seal)

Joint Owner/Authorized Signer	Date
X	(Seal)

AUTHORIZATION

Credit Union Name:

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above. I/We authorize the Credit Union to check my/our account, credit and employment history, and obtain reports from third parties, including credit and consumer reporting agencies. The Credit Union may use the credit and consumer reports for any lawful purpose, including but not limited to (i) for authentication purposes, to verify identity of applicants, to confirm, verify, or obtain information; (ii) to make credit decisions; (iii) for modeling, audit and analysis purposes; and (iv) to market products or services to me/us. I/We understand that the Credit Union provides consolidated statements and Online Banking access to account information for all accounts that are situated under the same membership number, including share and loan accounts. I/We understand and agree that any joint owner or co-borrower on an account held under the membership number, now or in the future, will also have access to information about any other account under the membership number, even if they are not an owner or borrower on the account. I/We understand that by providing telephone numbers at the time of application or anytime thereafter, I/we are giving express consent that the Credit Union and its agents may try to contact me/us in writing, by e-mail, or by using prerecorded/artificial voice messages, text messages, and automatic telephone dialing systems as the law allows regarding this account or any other account or relationship I/we have with the Credit Union. I/we agree that the Credit Union may try to contact me/us in these and other ways at any address or telephone number I/we provide the Credit Union now or in the future, even if the telephone number is a cell phone number or the contact results in a charge to me/us. Standard text message, data rates, and/or calling charges may apply.

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

Member/Owner	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____
Member Verification: _____
Verification List(s) Checked: OFAC Other: _____
List Verification Completion Date: _____ By: _____
Reports Checked: Credit Report Check Verification Report Other: _____
Overdraft Protection Opt-in Completion Date: _____