

## Member Services Request

A new member deposit of \$10.00 must accompany this application unless a recurring savings deposit has been initiated.

### SECTION 1 MEMBERSHIP ELIGIBILITY (For New Members Only)

I am eligible for membership because I live, work, attend school, worship, or volunteer in:

- County: \_\_\_\_\_
- I am an eligible Family Member of: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- I am an eligible Household Member of: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- I am an Existing Member / Joint Owner Account Number: \_\_\_\_\_
- How did you learn about Clearview?  Member Referral  Employee Referral  Existing Member  Newspaper Ad  TV Ad  
 Radio Ad  Direct Mail  Indirect Loan  Real Estate Loan  Location  Community Event  Clearview On-Site Visit  
 Clearview Website  Other \_\_\_\_\_

If you received an advertisement from Clearview that includes a promotional code, please write the code information here: \_\_\_\_\_

### SECTION 2 MEMBER/OWNER INFORMATION

NEW  UPDATE (If update, Account Number required: \_\_\_\_\_) SECURITY ID NO. 

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(existing member)

Member/Owner Name: (Required) \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Gov't Issued ID Type: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Are you a US Citizen  Yes  No If No,  Resident  Non-Resident Country of Citizenship \_\_\_\_\_  
*The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.*

### SECTION 3 JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owners will be added to  All Accounts  Designate Specific Accounts: \_\_\_\_\_  
 Add  Update  Remove Check applicable box:  Joint Owner  UTMA/UGMA (Custodian)

Name #1: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Gov't Issued ID Type: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Joint Owners will be added to  All Accounts  Designate Specific Accounts: \_\_\_\_\_  
 Add  Update  Remove Check applicable box:  Joint Owner  UTMA/UGMA (Custodian)

Name #2: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Gov't Issued ID Type: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**SECTION 4 ACCOUNT TYPES**

<input type="checkbox"/> Checking Order Checks: <input type="checkbox"/> Yes <input type="checkbox"/> No (A representative will contact you. Costs may apply.)	<input type="checkbox"/> Money Market <input type="checkbox"/> Member's Choice <input type="checkbox"/> Vacation Club	<input type="checkbox"/> Certificates <input type="checkbox"/> Christmas Club
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**SECTION 5 ACCOUNT SERVICES**

Debit Card Owner      Joint Owner Black and Gold <input type="checkbox"/> <input type="checkbox"/> Blue and Green <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Online Banking <input type="checkbox"/> Audio Response/TellerPhone PIN No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Overdraft Protection (In the event of an overdraft, transfer funds from these accounts with #1 being my first choice, #2 my second, etc) ___ Savings                      ___ PowerLine* ___ Member's Choice            ___ Home Equity Line of Credit* ___ Money Market                ___ Other CU Account _____ ** *You must apply for a PowerLine or a Home Equity Line of Credit for this option. **You must be an owner/joint owner on the account you indicate. Cross Account Transfer Authorization must be completed to set-up Overdraft Protection from another eligible Credit Union Account.
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**SECTION 6 (Optional) ACCOUNT DESIGNATIONS**

PAYABLE ON DEATH (POD) <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts: _____	
<input type="checkbox"/> Add (____)% <input type="checkbox"/> Update (____)% <input type="checkbox"/> Remove	<input type="checkbox"/> Add (____)% <input type="checkbox"/> Update (____)% <input type="checkbox"/> Remove
Beneficiary/POD Payee: _____	Beneficiary/POD Payee: _____
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____

UTMA/UGMA (Custodian) \_\_\_\_\_ (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: \_\_\_\_\_

**SECTION 7 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), and

(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. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. 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) _____
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**SECTION 8 ACCOUNT OPENING QUESTIONS**

1. Do you plan on regularly sending or receiving wire transfers?  
 YES (If yes, approximately how often?):  
 Weekly  
 Monthly  
 Quarterly  
 Less frequently than quarterly  
 NO

2. Do you plan on making regular automatic or electronic deposits or withdrawals?  
 YES (If yes, select all that apply.)  
 Payroll/benefit direct deposits  
 Direct debits of household bills (such as mortgages, loans, utility payments, etc.)  
 Transfers to/from another financial institution  
 Person-to-person transfer systems (such as Venmo, Zelle, etc.)  
 International remittance transfers (such as WorldRemit, Xoom, etc.)  
 Other not included above  
 NO

3. Do you plan on making cash deposits or withdrawals in amounts greater than \$3,000 per month?  
 YES (If yes, approximately how much per month?)  
 Deposits  
 Withdrawals  
 NO

**SECTION 9 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.

**SECTION 10 AUTHORIZATION**

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.

*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/Custodian Signer

Date

**X**

Joint Owner/Custodian Signer

Date

**X****FOR CREDIT UNION USE ONLY**Application Received:  In Person  Mail/Fax  Online

Opened By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: