

ACCOUNT CARD

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 to you: When you open an account, we 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.

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: _____	Suffix	<input type="checkbox"/> Money Market: _____	Suffix
<input type="checkbox"/> Share Draft/Checking: _____		<input type="checkbox"/> Living Trust: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	

The account number for each of the accounts listed 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 IDENTITY INFORMATION

Please attach a copy of your Military ID, Driver's License, and proof of address

Member/Owner: _____	Date of Birth: _____	Member No: _____
Mailing Address: _____	City/State/Zip: _____	
<input type="checkbox"/> SSN/TIN: _____	Driver's Lic. No: _____	
<input type="checkbox"/> Residence _____	Physical Address _____	
<input type="checkbox"/> Business _____	(if different than address given above) _____	
Occupation (for individual): _____	Employer: _____	
Nature of Business (for business): _____		
Eligibility for Membership: _____	E-mail: _____	
Home Phone: () _____	Work Phone: _____	
Cell Phone: () _____	Password: _____	

ACCOUNT OWNERSHIP

Joint Owner: _____	SSN/TIN: _____
Street: _____	Driver's Lic. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: () _____	Relationship: _____
Work Phone: () _____	E-mail: _____

Joint Owner: _____	SSN/TIN: _____
Street: _____	Driver's Lic. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: () _____	Relationship: _____
Work Phone: () _____	E-mail: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

All Accounts Designate Specific Accounts:

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

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

UTMA (as custodian for (minor) under the Louisiana Uniform Transfers to Minors Act) Minor's SSN/TIN:

Agency Print Name of Agent: Signature: Date:

All Accounts Designate Specific Accounts:

Other: See Account Authorization Card

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...
(3) I am a U.S. citizen or other U.S. person...
(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 the 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. 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. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PRIVACY ACT WAIVER

I hereby authorize the United States Government and any Military Authority thereof with which I am presently or may later become affiliated, to release to NAS JRB CREDIT UNION any and all information the said Credit Union may require concerning my home address, telephone number, or any other information which might reasonably assist the Credit Union in locating my whereabouts after separation from the Military Service for any reason. This data is for the sole use of NAS JRB CREDIT UNION to transfer financial business. I hereby waive all rights that I may have under the Privacy Act of 1974, along with any amendments or supplements thereto, to the release of the above information, hereby consenting to the release of the information to the Credit Union to the full extent permitted by law.

X Signature (Primary) Date X Signature (Joint Owner) Date
X Signature (Minor) Date X Signature (Joint Owner) Date

DOCUMENTARY VERIFICATION

Individuals

See Affidavit in Authentic Form/Affidavit of Designated Beneficiaries
Driver's Lic. No. State Issue Date Exp. Date
Student ID No. School
Passport No. Date Country Exp. Date
Employee ID No. Employer
Other Document No. Describe Document
Issuing Authority Issue Date Exp. Date

Businesses and Other Organizations

Certified Articles of Incorporation Dated State
Partnership Agreement Dated Names of Partners
Business License No. Date Issuing Authority Exp. Date
Trust Instrument Dated Name of Grantor(s)
Other documents showing existence of entity (describe)
Financial Statement of Business (describe business)