



You must print, sign and return this form to SPCO CU via fax, mail, or in person.

12755 N. Houston-Rosslyn Rd.
Houston, TX 77086



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 SELECTION

Table with 2 columns: Party Initials, Description of account ownership types including Single Party, Joint Multiple Party, and Convenience Account.

CONVENIENCE SIGNER DESIGNATION

Please complete this section if you have convenience signers on any of the accounts in the "ACCOUNT OWNERSHIP SELECTION" section.

Table with 3 columns: Account Type, Name(s) of Convenience Signer(s), Signatures of Convenience Signer(s)

JOINT MULTIPLE PARTY/AUTHORIZED SIGNER INFORMATION

Joint Owner UTMA Custodian Agent 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 Agent 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 Agent Other Authorized Signer (Describe): _____

Add Update Remove

See Account Authorization Card

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 Card: _____ Add Remove Overdraft Protection Update

Debit Card: _____ Add Remove Indicate transfer priority:

Audio Response: _____ Add Remove 1. _____

Internet Banking: _____ Add Remove 2. _____

Mobile Banking: _____ Add Remove 3. _____

Bill Payment: _____ Add Remove 4. _____

Other: _____ Add Remove

ACCOUNT DESIGNATIONS

POD Beneficiaries - Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all accounts listed under the "ACCOUNT TYPE" section.

Name of Beneficiary: _____ Identifying Information: _____
Name of Beneficiary: _____ Identifying Information: _____
Name of Beneficiary: _____ Identifying Information: _____

Custodial Designation and Information - The account(s) listed in the "ACCOUNT TYPE" section is/are held by _____ (custodian) as custodian for _____ (minor) under the Texas Uniform Transfers to Minors Act.
Minor's SSN: _____

Designation of Successor Custodian - Pursuant to the Texas Uniform Transfers to Minors Act, I designate _____ successor custodian for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

X
SIGNATURE OF CUSTODIAN DATE

X
WITNESS DATE

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) _____

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/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: _____