

**TANNER EMPLOYEES CREDIT UNION**  
 1865 South Main Street  
 Salt Lake City, UT 84115  
 (801) 483-8396



**Member Services Request**

**Important Information About Opening a New Account.** To help our 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 does this mean for you? **When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.**

**MEMBER/OWNER INFORMATION**

Member No:

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

- Individual**  
 **Joint Account with Rights to Survivorship**       **Joint Account without Rights to Survivorship**

Member/Owner Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  Listed  Unlisted  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_  
 ID Type (Driver's Lic.): \_\_\_\_\_  
 ID Number (License No.): \_\_\_\_\_  
 ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
 ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Password: \_\_\_\_\_  
 Membership Eligibility: \_\_\_\_\_

**ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES**

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.

- |   |  |
|---|--|
| <p><b>Account Type/Suffix #*</b></p> <p><input type="checkbox"/> Share/Savings: # _____</p> <p><input type="checkbox"/> Share Draft/Checking: # _____</p> <p><input type="checkbox"/> Share Certificate: # _____</p> <p><input type="checkbox"/> Money Market: # _____</p> <p><input type="checkbox"/> HSA: # _____</p> | <p><b>Account Services</b></p> <p><input type="checkbox"/> Payroll Deduction/Direct Deposit    <input type="checkbox"/> Overdraft Protection (Indicate transfer priority.): _____</p> <p><input type="checkbox"/> Audio Response _____</p> <p><input type="checkbox"/> ATM Card    <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> PC Access/Internet Banking    <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Debit Card    <input type="checkbox"/> Other: _____</p> |
|---|--|

\*The account number for each of the accounts listed consists of the suffix number added to the end of the Member Number. If this document applies to more than one account of the same type, more than one suffix will be listed for that account type.

**ACCOUNT OWNERSHIP — Please complete this section if you desire joint owners on your share or deposit accounts**

**Joint Owner:** \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  Listed  Unlisted  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  Listed  Unlisted  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_  
 ID Type (Driver's Lic.): \_\_\_\_\_  
 ID Number (License No.): \_\_\_\_\_  
 ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
 ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Password: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_  
 ID Type (Driver's Lic.): \_\_\_\_\_  
 ID Number (License No.): \_\_\_\_\_  
 ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
 ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Password: \_\_\_\_\_

**ACCOUNT DESIGNATIONS — Please complete this section if you desire any beneficiary on your share or deposit accounts**

- Payable on Death (POD)/Trust Account**     **All Accounts**     **Designate Specific Accounts:** \_\_\_\_\_  
 Beneficiary/POD Payee: \_\_\_\_\_      Beneficiary/POD Payee: \_\_\_\_\_  
 SSN/TIN: \_\_\_\_\_      SSN/TIN: \_\_\_\_\_  
 Street: \_\_\_\_\_      Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_      City/State/Zip: \_\_\_\_\_  
 **UTMA/UGMA** (as custodian for \_\_\_\_\_ (minor)  
 under the Uniform Transfers/Gifts to Minors Act)      Minor's SSN/TIN: \_\_\_\_\_  
 **Agency** Name of Agent: \_\_\_\_\_  
 Signature: \_\_\_\_\_      Date: \_\_\_\_\_  
 **All Accounts**     **Designate Specific Accounts:** \_\_\_\_\_  
 **Other:** \_\_\_\_\_       See Account Authorization Card

**STATE LAW NOTICES**

**OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**WISCONSIN RESIDENTS ONLY:** (1) No provision of any marital property agreement, unilateral statement under §766.59, or court decree under §766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished

a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

**X** \_\_\_\_\_  
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*Under penalties of perjury and by signing below, 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. person (including a U.S. resident alien).*

**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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**ACKNOWLEDGMENTS**

**Credit Report Authorization:** By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

**For Account and/or Account Service Requests:** By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice, and to any amendments to these documents that the Credit Union may make from time to time.

**For Credit Requests: For LOANLINER Credit Card –** By signing below you acknowledge that you have received and agree to the terms and conditions contained in the

LOANLINER® Credit Card Agreement and Addendum and to any amendments that may be made to any of these documents from time to time; you understand that the use of any credit card you receive will constitute acknowledgment of receipt and agreement to the terms of the Credit Union's Credit Card Agreement and Addendum; and you grant the Credit Union a security interest in all share and/or deposit accounts that you own now and in the future to secure what you owe under the LOANLINER® Credit Card Agreement and Addendum. When you are in default, you authorize the Credit Union to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

**For Overdraft/Line-of-Credit –** If an overdraft/line-of-credit loan account is requested and provided, you acknowledge receipt of and agree to the terms of the Overdraft Loan Agreement and Truth-in-Lending 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.***

**X** \_\_\_\_\_  
SIGNATURE DATE

**X** \_\_\_\_\_  
SIGNATURE DATE

**X** \_\_\_\_\_  
SIGNATURE DATE

**X** \_\_\_\_\_  
SIGNATURE DATE

**FOR CREDIT UNION USE ONLY**

Date of Membership: \_\_\_\_\_  
 Credit Report     Check Verify  
 PIN Request     Access Card  
 Audio Response     PC Access/Internet Banking

See Account Change Card  
 Opened/Approved By: \_\_\_\_\_  
 Verification Completion Date: \_\_\_\_\_  
 Government List(s) Checked:  Treasury CIP List     OFAC     Other: \_\_\_\_\_  
 List Verification Completion Date: \_\_\_\_\_

See Insurance Beneficiary Election  
 Member Verification: \_\_\_\_\_  
 By: \_\_\_\_\_  
 By: \_\_\_\_\_