



855-597-5766 ■ www.fivestarcu.org

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ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:		Member No:
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Password:	
E-mail:	Membership Eligibility:	
Employer:		

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

Signature X _____ Signature X _____

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

Payable on Death (POD) Account
 All Accounts
 Designate Specific Accounts _____

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

Convenience Account
 Print Name of Convenience Person: _____
 Signature: _____ Date: _____

Personal Custodian Account (as custodian for _____).
 All Accounts
 Designate Specific Accounts _____

Other: _____ See Account Authorization Card

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.

Suffix	Suffix
<input type="checkbox"/> Share/Savings: _____ <input type="checkbox"/> Share Draft/Checking: _____ <input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Money Market: _____ <input type="checkbox"/> HSA: _____ <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 in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:
Audio Response:
Overdraft Protection (Indicate transfer priority.):
ATM Card: Debit Card:
PC Access/Internet Banking:
Other:

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by the custodian(s) named below for (Minor), (Minor's SSN/TIN) under the Maryland Uniform Transfers to Minors Act.

Custodian 1: Name: Address: Phone: DOB: SSN/TIN:
Custodian 2: Name: Address: Phone: DOB: SSN/TIN:

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Maryland Uniform Transfers to Minors Act, I designate:
successor custodian(s) 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. 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.

X SIGNATURE DATE X SIGNATURE DATE
X SIGNATURE DATE X SIGNATURE DATE

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card
Date of Membership: Opened/App'd by: Member Verification:
Credit Report Check Verify PIN Request
Access Card Audio Response PC Access/Internet Banking