

Member Service Agreement

Part 1



800.444.6327
nuvisionfederal.com

Member Number _____ Owner 1 Name (Primary Member) _____ OICIA _____ Date _____

OWNER INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.) 1

Owner 1 Name (Primary Member) _____ Address _____ City _____ State _____ ZIP _____

Mobile Phone _____ Work Phone _____ Mailing Address (if different from physical address) _____ City _____ State _____ ZIP _____

E-mail _____ Social Security Number _____ Date of Birth _____

ID Type _____ State _____ Number _____ Issue Date _____ Exp. Date _____ Occupation/Profession _____ Chex Systems ID _____

ACCOUNT(S) _____ 2

SERVICE(S) Debit/ATM Card: O1 O2 O3 O4 Debit Cards issued to accounts with both checking & savings. ATM cards issued to accounts with savings only. 3

OD Transfer (in order): 1 _____ 2 _____ 3 _____ 4 _____

MULTIPLE OWNER(S) INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.) 4

Owner 2 Name _____ Address _____ City _____ State _____ ZIP _____

Mobile Phone _____ Work Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

Member Number _____ ID Type _____ State _____ Number _____ Issue Date _____ Exp. Date _____ Occupation/Profession _____ Chex Systems ID _____

Owner 3 Name _____ Address _____ City _____ State _____ ZIP _____

Mobile Phone _____ Work Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

Member Number _____ ID Type _____ State _____ Number _____ Issue Date _____ Exp. Date _____ Occupation/Profession _____ Chex Systems ID _____

Owner 4 Name _____ Address _____ City _____ State _____ ZIP _____

Mobile Phone _____ Work Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

Member Number _____ ID Type _____ State _____ Number _____ Issue Date _____ Exp. Date _____ Occupation/Profession _____ Chex Systems ID _____

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations that may receive funds remaining in the account(s) on the final owner's death.) 5

Unless otherwise indicated below, funds from the account(s) are divided equally between beneficiaries.

Beneficiary/POD Payee 1 Name _____ Relationship _____ Date of Birth _____ % _____ Beneficiary/POD Payee 2 Name _____ Relationship _____ Date of Birth _____ % _____

Beneficiary/POD Payee 3 Name _____ Relationship _____ Date of Birth _____ % _____ Beneficiary/POD Payee 4 Name _____ Relationship _____ Date of Birth _____ % _____

Beneficiary/POD Payee 5 Name _____ Relationship _____ Date of Birth _____ % _____ Beneficiary/POD Payee 6 Name _____ Relationship _____ Date of Birth _____ % _____

TAX INFORMATION CERTIFICATION By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding Exempt I am not a United States citizen or resident (complete W-8 form)

ACKNOWLEDGMENT Owner 1 is or applies to be a member of Nuvision Federal Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures, and which, along with our records, comprise the terms of the MSA. Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, as addressed in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. You authorize us to rely on a power of attorney presented by your attorney-in-fact, as addressed in Part 2 of the MSA. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, using any account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 6 above).

Owner 1 Signature (Primary Member) _____ Owner 2 Signature _____ Owner 3 Signature _____ Owner 4 Signature _____

OFFICE USE ONLY	Branch Name _____	Employee # _____	Date _____	Field of Membership _____	<input type="checkbox"/> Page 1 of 2	Approved by _____	Date Approved _____
	OICIA _____						<input type="checkbox"/>