Member Service Agreement

Part 1

Eligibility for Membership

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

Owner 1 Name | Physical Address | City | State | ZIP

Home Phone | Mobile Phone | Mailing Address (if different from physical address) | City | State | ZIP

E-mail | Social Security Number | Date of Birth | Driver's License Number | State | Exp. Date

Employer/Retired From | Occupation/Profession | Work Phone | Doing Business As

MEMBER NUMBER | **ACCOUNT(S)** ☐ 2

SERVICE(S) ☐ ATM Card ☐ Debit Card ☐ eStatements ☐ OD Protection 1: 2: ☐ Order Checks 3

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 | Physical Address | City | State | ZIP

Home Phone | Mobile Phone | Mailing Address (if different from physical address) | City | State | ZIP

E-mail | Social Security Number | Date of Birth | Driver's License Number | State | Exp. Date

Employer/Retired From | Occupation/Profession | Work Phone

Owner 3 Name | Physical Address | City | State | ZIP

Home Phone | Mobile Phone | Mailing Address (if different from physical address) | City | State | ZIP

E-mail | Social Security Number | Date of Birth | Driver's License Number | State | Exp. Date

Employer/Retired From | Occupation/Profession | Work Phone

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

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

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.* 6

☐ *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 Vermont State Employees 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 & Fee 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 explained 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. 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, by using an 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). 7

Owner 1 Signature | Date | Owner 2 Signature | Date | Owner 3 Signature | Date

I agree to be removed as an Owner | Date

OFFICE USE ONLY

CU Employee Name | ID Number | Eligibility for Membership | ☐ Page 1 of 2 | Date | ☐ OOPP 8

☐ O|C|A|T | CLEAR ☐

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