



**IMPORTANT INFORMATION  
ABOUT PROCEDURES FOR OPENING A  
NEW ACCOUNT OR MEMBERSHIP**

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 who opens an account.

What this means to you: When you open an account or membership, 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.

Thank you for choosing JM Associates Federal Credit Union as your financial institution.

*If you are sending your application to JM Associates Federal Credit Union, please include the following with your completed application:*

*A Copy of your Driver's License or Passport (front and back)*

*A Copy of all joint owners' Driver's License or Passport*

*A \$10 Check or Money Order  
(to cover the \$5.00 membership fee and \$5.00 minimum balance)*

# ACCOUNT CARD

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: \_\_\_\_\_

Member/Owner:

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone:  Listed  Unlisted Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

## ACCOUNT OWNERSHIP

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

Individual  Joint Account with Rights of Survivorship

Joint Owner: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Street: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Relationship to Primary Member: \_\_\_\_\_

Home Phone:  Listed  Unlisted Mother's Maiden Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Joint Owner: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Street: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Relationship to Primary Member: \_\_\_\_\_

Home Phone:  Listed  Unlisted Mother's Maiden Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Joint Owner: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Street: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Relationship to Primary Member: \_\_\_\_\_

Home Phone:  Listed  Unlisted Mother's Maiden Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

## ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account  All Accounts  Designate Specific Accounts \_\_\_\_\_

Beneficiary/POD Payee:

Beneficiary/POD Payee:

Street:

Street:

City/State/Zip:

City/State/Zip:

SSN/TIN:

SSN/TIN:

Phone Number:

Phone Number:

UTMA/UGMA (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to

Minors Act)

Minor's SSN/TIN: \_\_\_\_\_

Agency Print Name of Agent: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

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
Share/Savings:
Share Draft/Checking:
Share Certificate/Certificate:
Money Market:
Other:
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.):
Debit Card:
PC Access/Internet Banking:
Other:

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