

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: 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 on personal accounts identifies each person who opens an account. In addition on legal entity accounts, we will require identification on beneficial owners and controlling person. What this means for you: When you open an account, 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.

PRIMARY ACCOUNTHOLDER INFORMATION

How did you hear about COPFCU? Employer Coworker Family Member COPFCU Visit to My Workplace Other

Member/Owner Name: _____ SSN/TIN: _____
Street: _____ ID Type (Driver's Lic.): _____
City/State/Zip: _____ ID Number (License No.): _____
Personal Email: _____ ID Issuing State: _____ ID Issuing Date: _____
Cell Phone: _____ ID Exp. Date: _____ Date of Birth: _____
Other Phone: _____ Membership Eligibility: _____
Employer: _____

ELECTION OF ACCOUNTS 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.

Account Type/Suffix

Savings: # _____
 Secure Checking: # _____
 Basic Checking: # _____
 Freedom Checking: # _____

Account Services

Debit Card 4 Digit PIN# _____
 E-Statements
 Overdraft Protection (Indicate transfer priority.): _____

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.

JOINT ACCOUNTHOLDER – Please complete this section if you desire a joint owner on your accounts.

Member/Owner Name: _____ SSN/TIN: _____
Street: _____ ID Type (Driver's Lic.): _____
City/State/Zip: _____ ID Number (License No.): _____
Home Phone: _____ ID Issuing State: _____ ID Issuing Date: _____
Cell Phone: _____ ID Exp. Date: _____ Date of Birth: _____
Work Phone: _____ E-Mail: _____

BENEFICIARY DESIGNATIONS – Please complete this section if you desire any beneficiary on your accounts.

Payable on Death (POD)/Trust Account All Accounts
Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
SSN: _____ Birth Date: _____ SSN: _____ Birth Date: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____

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), (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of or 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

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, E-Sign Act, 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.
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.

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 _____ X _____
PRIMARY SIGNATURE DATE JOINT SIGNATURE (if applicable) DATE

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Verification: _____
DUE DILIGENCE
Member's Occupation/Employer: _____ Member plans to utilize COPFCU for:
Purpose of the account: _____ Check writing Wire transfer
Dollar Amount to open account: \$ _____ Source of funds: Cash Check Transfer ATM/ Debit card Direct Deposit

You must provide a copy of your Drivers License or other Valid Photo ID for each Accountholder (Primary & Joint).