

New Account Form Instructions

You will need to complete and sign the two page account form for each account you wish to open. For example, if you would like to open a savings and a checking account, you will need to complete two forms and designate each as corresponding to either the Checking account or the Savings Account.

Account forms are provided on the last two pages of this PDF. The first two pages are intended as instructional aids only. If you have any further questions regarding the proper completion of this form, please call the Credit Union at: 281.488.7070 or 800.940.0708

JSC Federal Credit Union
1330 Gemini P.O. Box 58346 Houston, TX 77258

MEMBER APPLICATION AND OWNERSHIP INFORMATION		ACCOUNT CARD	
Member/Owner		Member No:	
Street:		SSN/TIN:	
City/State/Zip:		Driver's Lic. No.:	
Home Phone:		Date of Birth:	
Work Phone:		Security Code:	
E-Mail:		Membership Eligibility:	
Employer:			

Member's demographic information

Mother's Maiden Name

How the member qualifies for membership. Usually your company or a group association (See the Membership Eligibility List.)

ACCOUNT OWNERSHIP INFORMATION

NOTICE: The type of account you select may determine how ownership of your property passes on your death. Your Will may not control the disposition of funds held in some of the following accounts. The selection you make below will apply to all accounts listed on the Page 2.

Party	
Initials	Select only ONE of the following accounts by placing your initials next to the account selected:
_____	<input type="checkbox"/> SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (PAYABLE ON DEATH) DESIGNATION. The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party's estate under the party's will or by intestacy. The party to the account is listed above as the Member/Owner.
_____	<input type="checkbox"/> SINGLE-PARTY ACCOUNT WITH "P.O.D." (PAYABLE ON DEATH) DESIGNATION. The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. The account is not a part of the party's estate. P.O.D. beneficiaries are listed in the section titled "P.O.D. Beneficiaries" on Page 2. The party to the account is listed above as the Member/Owner.
_____	<input type="checkbox"/> MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP. (All parties must initial) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties. Parties to the account are listed as Member/Owner above and Joint Owner below.
_____	<input type="checkbox"/> MULTIPLE-PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP. (All parties must initial) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes as a part of the party's estate under the party's will or by intestacy. Parties to the account are listed as Member/Owner above and Joint Owner below.
_____	<input type="checkbox"/> MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND P.O.D. (PAYABLE ON DEATH) DESIGNATION. (All parties must initial) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the P.O.D. beneficiaries. P.O.D. beneficiaries are listed in the section titled "P.O.D. Beneficiaries" on Page 2. Parties to the account are listed as Member/Owner above and Joint Owner below.

Select and initial one of the following. If you select a P.O.D. designation you will need to list a Beneficiary on the second page of the account form.

Other _____ See Account Authorization Card	
MULTIPLE-PARTY INFORMATION	
Joint Owner	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Security Code
Work Phone	E-mail
Joint Owner	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Security Code

Joint account owner demographic information

Joint account owner's mother's maiden name

Indicate here which account this form is intended to open (Select only one)

Indicate here any additional services you would like to compliment your account. (please note that it will be necessary to complete additional forms for the following services: Payroll deduction, Audio Response, ATM/Debit Card, PC Access. You can print these forms from the web site.

List any beneficiaries designated on the first page of this form

Indicate here, if this account is to be held by a custodian

Owner and joint owner's signatures

ACCOUNTS TYPE		
The authorizations and information given herein, and form of ownership chosen in the ACCOUNT OWNERSHIP SELECTION section apply to all of the accounts listed below unless the credit union is notified in writing of a change.		
<input type="checkbox"/> Share/Savings: _____ <input type="checkbox"/> Share Draft/Checking: _____ <input type="checkbox"/> Share Certificate: _____		Suffix#* _____ <input type="checkbox"/> Money Market: _____ <input type="checkbox"/> Living Trust: _____ <input type="checkbox"/> Other: _____
*The account number for each of the accounts listed above consists of the suffix applies to more than one account of the same type, more than one suffix will be		
ACCOUNT SERVICES YOU WANT		
<input type="checkbox"/> Payroll Deduction/Direct Deposit: <input type="checkbox"/> Audio Response: <input type="checkbox"/> Overdraft Protection (Indicate transfer priority): <input type="checkbox"/> ATM Card: _____ <input type="checkbox"/> Debit Card: <input type="checkbox"/> PC Access/Internet Banking: <input type="checkbox"/> Other:		
P.O.D. BENEFICIARIES		
Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts listed under the Account Type section.		
Name of Beneficiary	Identifying Information	
	Their Relationship to you	
CUSTODIAL DESIGNATION AND INFORMATION		
This account is held by _____ as custodian for _____ Under the Texas Uniform Transfers to Minors Act		
Custodian's Address _____		
Phone: _____	Date of Birth: _____	SSN: _____
DESIGNATION OF SUCCESSOR CUSTODIAN		
Pursuant to the Texas Uniform Transfer to Minors Act, I hereby designate successor custodian for all accounts of the above named minor in this credit union for which I am named as custodian. This designation shall take effect only upon my death, resignation, incapacity or removal.		
Signature of Custodian _____	Date _____	
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,		
(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. 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.		
AUTHORIZATION		
By signing below I/we certify that the information on this Account Card (Page 1 and 2) is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein. I/we acknowledge receipt of a copy of the Agreement 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 Transfer Agreement. 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 *OWNER SIGNATURE _____	DATE _____	X *JOINT OWNER'S SIGNATURE (#1) _____
X *OWNER SIGNATURE _____	DATE _____	X *JOINT OWNER'S SIGNATURE (#1) _____
*For identification purposes, please attach a copy of your driver's license.		
FOR CREDIT UNION USE ONLY	See Account Change Card	See Insurance Beneficiary Card
Date of Membership: _____	Opened/App'd by: _____	Member Verification: _____
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking

When choosing overdraft protection, designate from which account you would like overdrafts to be made from (example, Savings)

*****Very Important*****
Please remember to sign and include a photo copy of the driver's licence of everyone to be listed on the account.

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MEMBER APPLICATION AND OWNERSHIP INFORMATION		ACCOUNT CARD
Member/Owner	Member No:	
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Home Phone:	Date of Birth:	
Work Phone:	Security Code:	
E-Mail:	Membership Eligibility:	
Employer:		

ACCOUNT OWNERSHIP INFORMATION

NOTICE: The type of account you select may determine how ownership of your property passes on your death. Your Will may not control the disposition of funds held in some of the following accounts. The selection you make below will apply to all accounts listed on the Page 2.

Party
Initials Select only **ONE** of the following accounts by placing your initials next to the account selected:

_____ **SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (PAYABLE ON DEATH) DESIGNATION.** The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party's estate under the party's will or by intestacy. The party to the account is listed above as the Member/Owner.

_____ **SINGLE-PARTY ACCOUNT WITH "P.O.D." (PAYABLE ON DEATH) DESIGNATION.** The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. The account is not a part of the party's estate. P.O.D. beneficiaries are listed in the section titled "P.O.D. Beneficiaries" on Page 2. The party to the account is listed above as the Member/Owner.

_____ **MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP.** (All parties must initial) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties. Parties to the account are listed as Member/Owner above and Joint Owner below.

_____ **MULTIPLE-PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP.** (All parties must initial) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes as a part of the party's estate under the party's will or by intestacy. Parties to the account are listed as Member/Owner above and Joint Owner below.

_____ **MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND P.O.D. (PAYABLE ON DEATH) DESIGNATION.** (All parties must initial) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the P.O.D. beneficiaries. P.O.D. beneficiaries are listed in the section titled "P.O.D. Beneficiaries" on Page 2. Parties to the account are listed as Member/Owner above and Joint Owner below.

Other _____ See Account Authorization Card

MULTIPLE-PARTY INFORMATION

Joint Owner	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Security Code
Work Phone	E-mail
Joint Owner	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Security Code

ACCOUNTS TYPE

The authorizations and information given herein, and form of ownership chosen in the ACCOUNT OWNERSHIP SELECTION section apply to all of the accounts listed below unless the credit union is notified in writing of a change.

<input type="checkbox"/> Share/Savings: _____	Suffix#* _____	<input type="checkbox"/> Money Market: _____	Suffix#* _____
<input type="checkbox"/> Share Draft/Checking: _____		<input type="checkbox"/> Living Trust: _____	
<input type="checkbox"/> Share Certificate: _____		<input type="checkbox"/> Other: _____	

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number on front. If this card applies to more than one account of the same type, more than one suffix will be listed for the account type.

ACCOUNT SERVICES YOU ARE INTERESTED IN

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority):

ATM Card: _____

PC Access/Internet Banking:

Other: _____

Debit Card: _____

P.O.D. BENEFICIARIES

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts listed under the Account Type section.

Name of Beneficiary	Identifying Information

CUSTODIAL DESIGNATION AND INFORMATION

This account is held by _____ as custodian for _____ Under the Texas Uniform Transfers to Minors Act

Custodian's Address

Phone: _____ Date of Birth: _____ SSN: _____

DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Texas Uniform Transfer to Minors Act, I hereby designate successor custodian for all accounts of the above named minor in this credit union for which I am named as custodian. This designation shall take effect only upon my death, resignation, incapacity or removal.

Signature of Custodian _____ Date _____

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,*
- (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. 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.

AUTHORIZATION

By signing below I/we certify that the information on this Account Card (Page 1 and 2) is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein. I/We acknowledge receipt of a copy of the Agreement 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 Transfer Agreement. **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 _____
*OWNER SIGNATURE DATE

X _____
*JOINT OWNER'S SIGNATURE (#1) DATE

X _____
*OWNER SIGNATURE DATE

X _____
*JOINT OWNER'S SIGNATURE (#1) DATE

*For identification purposes, please attach a copy of your driver's license.

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