

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 checking account, you will need to complete two forms and designate each as corresponding to either the Checking account of the Savings account.

Account forms are provided on the last two pages of this PDF. The first 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

P.O. Box 58316
Houston, TX 77258
(281) 488-7070

MEMBER APPLICATION AND OWNERSHIP INFORMATION		ACCOUNT CARD
Member/Owner:		Member No:
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Password:	
E-mail:	Membership Eligibility:	
Employer:		
ACCOUNT OWNERSHIP SELECTION		
Party Initials	Choose ONE of the following forms of account ownership by placing your initials next to the chosen form of ownership. The type of account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following forms of account ownership. You may choose to designate one or more convenience signers on an account, even if the account is not a convenience account. A designated convenience signer may make transactions on your behalf during your lifetime, but does not own the account during your lifetime. The designated convenience signer owns the account on your death only if the convenience signer is also designated as P.O.D. payee or trust account beneficiary. The selection you make below will apply to all the accounts listed in the "ACCOUNT TYPE" section.	
_____	SINGLE PARTY ACCOUNT WITHOUT PAYABLE ON DEATH (POD) 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 as the Member/Owner.	
_____	SINGLE PARTY ACCOUNT WITH PAYABLE ON DEATH (POD) DESIGNATION. The party to the account owns the account. On the death of the party, ownership of the account passes to the POD beneficiaries of the account. The account is not a part of the party's estate. POD beneficiaries are listed in the "POD BENEFICIARIES" section. The party to the account is listed as the Member/Owner.	
_____	JOINT 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 and Joint Owner.	
_____	JOINT 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 and Joint Owner.	
_____	JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND PAYABLE ON DEATH (POD) 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 POD beneficiaries. POD beneficiaries are listed in the "POD BENEFICIARIES" section. Parties to the account are listed as Member/Owner and Joint Owner.	
_____	CONVENIENCE ACCOUNT. (Member must initial.) The parties to the account own the account. One or more convenience signers to the account may make account transactions for a party. A convenience signer does not own the account. On the death of the last surviving party, ownership of the account passes as a part of the last surviving party's estate under the last surviving party's will or by intestacy. The financial institution may pay funds in the account to a convenience signer before the financial institution receives notice of the death of the last surviving party. The payment to a convenience signer does not affect the parties' ownership of the account. The party(ies) to the account are listed as Member/Owner and Joint Owner.	
CONVENIENCE SIGNER DESIGNATION		
Please complete this section if you have convenience signers on any of the accounts in the "ACCOUNT OWNERSHIP SELECTION" section.		
Account Type	Name(s) of Convenience Signer(s)	Signatures of Convenience Signer(s)
_____	_____	_____
<input type="checkbox"/> Other:		<input type="checkbox"/> See Account Authorization Card
JOINT MULTIPLE PARTY ACCOUNT INFORMATION		
Joint Owner:		SSN/TIN:
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:	
Work Phone:	E-mail:	
Joint Owner:	SSN/TIN:	
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:	
Work Phone:	E-mail:	
Joint Owner:	SSN/TIN:	
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:	
Work Phone:	E-mail:	

OWNERSHIP INFORMATION:
Member's Demographic Information

EMPLOYER:
List your employer and your occupation

ACCOUNT OWNERSHIP:
• Initial one option
• If you select a P.O.D. designation you will need to list a beneficiary on the second page of this form.

MULTIPLE PARTY INFORMATION:
Joint account owner demographic information

PASSWORD:
Mother's Maiden Name

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

PASSWORD:
Mother's Maiden Name

NEW ACCOUNT FORM INSTRUCTIONS

ACCOUNT TYPE:
SELECT ONLY ONE
Choose an account

ACCOUNT SERVICES:
Select any additional services you would like to compliment your account.

NOTE: Additional forms are required for the following services:
• Payroll Deduction
• Audio Response
• ATM/Debit Card
• eBanking

Print or eSign forms at www.jscfcu.org under Forms & Documents

AUTHORIZATION:
Owner and joint owner's signatures

ACCOUNT 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 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/Certificate: _____	Suffix _____ <input type="checkbox"/> Money Market: _____ <input type="checkbox"/> HSA: _____ <input type="checkbox"/> 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	
<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: _____	
POD BENEFICIARIES	
Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed in this section. The beneficiaries listed are beneficiaries to all the accounts listed under the "ACCOUNT TYPE" section.	
Name of Beneficiary: _____	Identifying Information: _____
CUSTODIAL DESIGNATION AND INFORMATION	
The account(s) listed in the "ACCOUNT TYPE" section is/are held by _____ (Custodian) as custodian for _____ (Minor) under the Texas Uniform Transfers to Minors Act.	
Custodian's Address: _____	Phone: _____ Date of Birth: _____ SSN/TIN: _____
DESIGNATION OF SUCCESSOR CUSTODIAN	
Pursuant to the Texas Uniform Transfers to Minors Act, I designate successor custodian for all accounts listed in the "ACCOUNT TYPE" section. 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	
<i>Under penalties of perjury, I certify that:</i>	
(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 certify that the information on this Account Card is complete and true and that 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. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</i>	
<input checked="" type="checkbox"/> Signature _____ Date _____	<input checked="" type="checkbox"/> Signature _____ Date _____
<input checked="" type="checkbox"/> Signature _____ Date _____	<input checked="" type="checkbox"/> Signature _____ Date _____
FOR CREDIT UNION USE ONLY <input type="checkbox"/> See Account Change Card <input type="checkbox"/> 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

OVERDRAFT PROTECTION:
If selected, designated which account you would like overdrafts to be made from (example: Savings).

NAME OF BENEFICIARY:
List beneficiaries designated on the first page of this form.

IDENTIFYING INFORMATION:
Name of beneficiary, date of birth and social security number

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

VERY IMPORTANT

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

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

ACCOUNT OWNERSHIP SELECTION

Party Initials	<i>Choose ONE of the following forms of account ownership by placing your initials next to the chosen form of ownership. The type of account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following forms of account ownership. You may choose to designate one or more convenience signers on an account, even if the account is not a convenience account. A designated convenience signer may make transactions on your behalf during your lifetime, but does not own the account during your lifetime. The designated convenience signer owns the account on your death only if the convenience signer is also designated as P.O.D. payee or trust account beneficiary. The selection you make below will apply to all the accounts listed in the "ACCOUNT TYPE" section.</i>
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_____	JOINT 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 and Joint Owner.
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_____	CONVENIENCE ACCOUNT. (Member must initial.) The parties to the account own the account. One or more convenience signers to the account may make account transactions for a party. A convenience signer does not own the account. On the death of the last surviving party, ownership of the account passes as a part of the last surviving party's estate under the last surviving party's will or by intestacy. The financial institution may pay funds in the account to a convenience signer before the financial institution receives notice of the death of the last surviving party. The payment to a convenience signer does not affect the parties' ownership of the account. The party(ies) to the account are listed as Member/Owner and Joint Owner.

CONVENIENCE SIGNER DESIGNATION

Please complete this section if you have convenience signers on any of the accounts in the "ACCOUNT OWNERSHIP SELECTION section."

Account Type	Name(s) of Convenience Signer(s)	Signatures of Convenience Signer(s)
_____	_____	_____
_____	_____	_____

Other: _____ See Account Authorization Card

JOINT MULTIPLE PARTY ACCOUNT INFORMATION

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT 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 unless the Credit Union is notified in writing of a change.

Suffix

Suffix

Share/Savings: _____

Money Market: _____

Share Draft/Checking: _____

HSA: _____

Share Certificate/Certificate: _____

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.):

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

POD BENEFICIARIES

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed in this section. The beneficiaries listed are beneficiaries to all the accounts listed under the "ACCOUNT TYPE" section.

Name of Beneficiary: _____ Identifying Information: _____

CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by _____ (Custodian) as custodian for _____ (Minor) under the Texas Uniform Transfers to Minors Act.

Custodian's Address:

Phone:

Date of Birth:

SSN/TIN:

DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Texas Uniform Transfers to Minors Act, I designate successor custodian for all accounts listed in the "ACCOUNT TYPE" section. 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 (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 certify that the information on this Account Card is complete and true and that 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.*

Signature Date

Signature Date

Signature Date

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