

Member Account #:

New Member
 Existing Member
 New Account
 Changes/Additions to Current Account
 Other _____

Account Type(s): _____

Account Number(s): _____

Account Ownership: UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTON FORM NOTICE.

The ownership type You select for the Account You open may determine how property passes on Your death. Your will may not control the disposition of funds held in some types of Accounts. It is the responsibility of all Account Owners to determine any legal effects of the ownership type You select below. Please read the definitions and consult legal counsel if any parts are unclear.

- 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.
- 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.
- Multiple-Party Account Without Right Of Survivorship** - The parties to the Account own the Account in proportion to the parties' net contributions to the Account. The Credit Union 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.
- Multiple-Party Account With Right Of Survivorship** - The parties to the Account own the Account in proportion to the parties' net contributions to the Account. The Credit Union 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.
- Multiple-Party Account With Right Of Survivorship And "P.O.D." (Payable On Death) Designation** - The parties to the Account own the Account in proportion to the parties' net contributions to the Account. The Credit Union 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.
- Trust Account** - The parties named as trustees to the Account own the Account in proportion to the parties' net contributions to the Account. A trustee may withdraw funds from the Account. A beneficiary may not withdraw funds from the Account before all trustees are deceased. On the death of the last surviving trustee, the ownership of the Account passes to the beneficiary. The trust Account is not a part of a trustee's estate and does not pass under the trustee's will or by intestacy, unless the trustee survives all of the beneficiaries and all other trustees.

Primary Signer: Member Trustee

| | | | | | | | |
|---------------------------------|-----------|--------------------|---------------|----------------------------|----------|---------------|----------|
| Name: First | | Initial | Last | | | | Suffix |
| Social Security Number/Tax I.D. | ID Number | | State/Country | Type of ID | Exp Date | Issue Date | Password |
| Address | | Apt. # | City | | | State TX | Zip |
| Home Telephone | | Cellular Telephone | | Business Telephone | | Date Of Birth | |
| Email Address | | Employment Info | | Eligibility For Membership | | | |

Signer 2: Joint Owner Trustee

| | | | | | | | |
|---------------------------------|-----------|--------------------|---------------|----------------------------|----------|---------------|----------|
| Name: First | | Initial | Last | | | | Suffix |
| Social Security Number/Tax I.D. | ID Number | | State/Country | Type of ID | Exp Date | Issue Date | Password |
| Address | | Apt. # | City | | | State | Zip |
| Home Telephone | | Cellular Telephone | | Business Telephone | | Date Of Birth | |
| Email Address | | Employment Info | | Eligibility For Membership | | | |

Signer 3: Joint Owner Trustee Other

| | | | | | | | |
|---------------------------------|-----------|--------------------|---------------|----------------------------|----------|---------------|----------|
| Name: First | | Initial | Last | | | | Suffix |
| Social Security Number/Tax I.D. | ID Number | | State/Country | Type of ID | Exp Date | Issue Date | Password |
| Address | | Apt. # | City | | | State | Zip |
| Home Telephone | | Cellular Telephone | | Business Telephone | | Date Of Birth | |
| Email Address | | Employment Info | | Eligibility For Membership | | | |

Debit Card Account Access/Overdraft Privilege/Overdraft Protection (if opening a Checking Account)

Please indicate the service(s) desired:

Debit Card
 Overdraft Privilege
 You elect not to participate in Overdraft Privilege.

You request overdraft protection on Your Checking Account(s) You may have with Us. Your overdrafts will be covered by transferring funds from Your Loan/Sub Account I.D. identified below in the order shown (specify priority by number). If no priority is noted, transfers will be made from Your Savings Account.

You elect not to participate in overdraft protection.

| Priority | Source | Loan/Sub Account I.D. |
|----------|--------|-----------------------|
| 1 | | |
| 2 | | |
| 3 | | |

Payable on Death/Trust Account Beneficiary Designation

Upon the death of the last surviving owner, the funds in Your Account shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below only with the written consent of all owners to the Account.

Name _____ Relationship _____ SSN _____ Birth Date _____

Address _____

Name _____ Relationship _____ SSN _____ Birth Date _____

Address _____

Name _____ Relationship _____ SSN _____ Birth Date _____

Address _____

Important Information About Procedure(s) 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 identifies each person who opens an Account.

What this means for You: When You open an Account, We will ask You 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.

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; and (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

Signatures

You hereby apply for membership in Resource One Credit Union. You warrant the truth of the above information and You realize it will be relied upon by Us in deciding whether or not to grant the membership applied for. By signing below, You agree to be bound by the terms and conditions found within the agreements and disclosures. You acknowledge receiving a copy of those agreements and disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union now in effect and as amended from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us from time to time, obtain credit reports and gather other such financial information as we deem relevant. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Share Account, You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Resource One Credit Union to follow Your written or verbal instructions to do so, and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Signer _____ Date _____ Signer 2 _____ Date _____ Signer 3 _____ Date _____

Credit Union Use Only

Date of Membership _____ Membership Opened by _____ Branch Number _____

Date of Account _____ Account Opened by _____ (Initials) (Operator Number)

ChexSystems _____ ID Verification _____ Other _____

Credit Report
 Debit Card Created/Ordered
 Checks Ordered

Agreements and Disclosures Provided
 Rate Supplement and Fee Schedule Provided

Date of Application _____