



One South Street
 Baltimore, MD 21202
 MECU.com
 410-752-8313 or 800-248-6328

Owner/Account Information

Instructions: One application per account unless all accounts are titled in the exact same names and ownership type.

Account Type and Number: _____ Date Account(s) Opened: _____

Account Type and Number: _____ Account Type and Number: _____

New Account: Type of Account Ownership: Individual Joint with Survivorship UTMA Estate Trust _____
 Account Maintenance: Type: Name Add Name Change; Marriage/Divorce Add/Change POD Payee Change Date: _____

Primary/Member Name: _____ Member/CIF #: _____

Address: _____ Individual Joint Owner UTMA Minor _____

City/State/ Zip: _____ Identification: _____

Taxpayer ID #: _____ State: _____ Issue Date: _____ Exp. Date: _____

E-Mail: _____ Member Occupation: _____

Membership Eligibility: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Date of Birth: _____

I would like to access this account by: Telephone Teller Yes No Online Banking Yes No

Name 2: _____ Joint Owner Custodian _____

Address: _____ Identification: _____

City/State/Zip Code: _____ State: _____ Issue Date: _____ Exp. Date: _____

Taxpayer ID #: _____ E-Mail: _____ Member Occupation: _____

Membership Eligibility: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Date of Birth: _____

I would like to access this account by: Telephone Teller Yes No Online Banking Yes No

Name 3: _____ Joint Owner Custodian _____

Address: _____ Identification: _____

City/State/Zip Code: _____ State: _____ Issue Date: _____ Exp. Date: _____

Taxpayer ID #: _____ E-Mail: _____ Member Occupation: _____

Membership Eligibility: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Date of Birth: _____

I would like to access this account by: Telephone Teller Yes No Online Banking Yes No

Mailing Address: _____

Payable on Death (POD) Designation(s)

POD Payee 1: _____ Taxpayer ID #: _____

POD Payee 2: _____ Taxpayer ID #: _____

POD Payee 3: _____ Taxpayer ID #: _____

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Maryland Uniform Transfer to Minors Act, I designate: _____

successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take the effect only upon my death, resignation, incapacity or removal.

X _____ **X** _____
 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. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. 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) _____
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Authorization

- | | |
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| <p>1. By signing below you acknowledge receipt of a copy of the Membership Account Agreement, Funds Availability Disclosure, Electronic Fund Disclosure and Truth and Savings Rate and Fee Schedule. By signing below you agree to the terms and conditions of each of the agreements/disclosures applicable to the accounts and services elected above, which are incorporated herein by reference that when opened by mail will be sent after the account is opened and any amendments the Credit Union makes from time to time which are incorporated herein.</p> | <p>2. You expressly authorize MECU to check, now and in the future, your credit, employment history or other information as well as report to others such information and your credit experience with MECU, as permitted by law.</p> <p>3. <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></p> |
|--|--|

✓ _____ Signature/Member	Date	✓ _____ Signature/Name 2	Date	✓ _____ Signature/Name 3	Date
MECU Employee Opening Account:		Teller #:		Branch:	
				Date:	