



# Members Financial

## Federal Credit Union

### Member Identity Form

#### Important Information About Procedures for Opening a New Account

To aid the government in fighting 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 to you when you open an account:

We will require all of the following: name, address, date of birth, copy of social security card, copy of your current ID, phone numbers, proof of current residence, employer, and other information that will allow us to identify you. This may include, but is not limited to, inquiries about what constitutes normal account activity for you.

### Member Information

Member Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ ID State: \_\_\_\_\_ ID Exp \_\_\_\_\_  
 (If different from mailing) DOB: \_\_\_\_\_

Home PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_ Work PH: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### Services & Products Requested (circle)

Savings      Checking      Debit Card      Checks      Money Market      CD      IRA  
 Holiday Savings      Trust/Estate      Loan      Credit Card      Secured Credit Card  
 Wire Transfers      High Cash Volume Trans      International income

#### Account Ownership (circle)

Individual      Joint with rights of survivorship      Joint without rights of survivorship  
 Payable on death      Minor's Account-TUTMA

Beneficiary Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Joint Owner/Authorized Signer Info (circle)

Joint Owner                      Custodian                      Convenience/Authorized Signer

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ ID State: \_\_\_\_\_ ID Exp: \_\_\_\_\_

(If different from mailing)                      DOB: \_\_\_\_\_

Home PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_ Work PH: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Joint Owner/Authorized Signer Info (circle)

Joint Owner                      Custodian                      Convenience/Authorized Signer

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ ID State: \_\_\_\_\_ ID Exp: \_\_\_\_\_

(If different from mailing)                      DOB: \_\_\_\_\_

Home PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_ Work PH: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Successor Custodian

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_