



Member Code _____ Account Number _____
 Ownership Change: Add Close Joint Account
(Vantage use only)

ACCOUNT CARD

1. Primary Owner (Member) Information

Basis of Membership Eligibility: *(choose one)*
 Residence Employment Family Member, *Name* _____ *Relationship* _____

Primary Member Name	Social Security Number	Date of Birth	Home Phone ()	Driver's License #
Street Address <i>(required)</i>	Apartment Number	City	State	Zip Code
Mailing Address <i>(if different from above)</i>		City	State	Zip Code
Name of Employer	Mother's Maiden Name			
Work Phone ()	Cell Phone ()	E-Mail Address		

2. Account Ownership

The ownership specified on this agreement remains the same for all accounts listed in Section 4. The Primary Member and all joint account owners must sign Section 5. To close an account with a Joint Owner, a new Account Card must be signed. Copy of current driver's license for all account owners required for opening and/or changing ownership on an account.

Individual Account Joint Account with Rights of Survivorship Trust Account *(separate agreement dated)* _____
 Organizational Account *(separate Organizational Resolution must also be completed)* Name of Trust _____
 Uniform Gifts to Minors Act "as custodian for _____ (minor) under the Missouri Transfer to Minors Law."
(In addition, the Application for Custodial Account under Missouri Transfer to Minors Law must be completed.)

Account Ownership

To add joint owner(s), print the name(s) below, and obtain the signatures of the Primary Member and all joint owners in Section 5.

Joint Owner Name #1	Social Security Number	Driver's Lic./State I.D. Number	State	Relationship to You	Work Phone Number	Date of Birth
Joint Owner Name #2	Social Security Number	Driver's Lic./State I.D. Number	State	Relationship to You	Work Phone Number	Date of Birth

3. Account Designations

By completing this section, you are designating Payable on Death (P.O.D.) beneficiaries on your deposit accounts requested in Section 4. Upon the death of the last account owner of a P.O.D. account, the account funds are payable to all named beneficiaries. If there is no surviving P.O.D. beneficiary upon death of the last account owner, state law will determine rights to the funds. **All account owners must sign Section 5 to establish beneficiaries.**

Payable on Death (P.O.D.) Beneficiary(ies):

P.O.D. Beneficiary Name #1	Social Security Number	Relationship to You	Date of Birth
P.O.D. Beneficiary Name #2	Social Security Number	Relationship to You	Date of Birth

4. Account Type

Regular Savings/General Share Special Savings Holiday Club Savings

Checking *(select one)* : Checking with Overdraft Protection from Line-of-Credit and Regular Savings
(Separate application must also be completed)
 Checking with Overdraft Protection from Regular Savings
 Alumni Club Checking *(must meet club requirements & complete separate Alumni Club request form)*

Please order 1 box of 150 Vantage custom duplicate checks. I understand the fee for the checks will be deducted from my checking account. Checks will include all owners names and address. Additionally please print: _____

Premier Money Market Account CD _____ Type _____ Other _____

5. Authorization/Certification/Signatures

By signing this Section, You understand that you are applying for the accounts you requested in Section 4. You acknowledge receiving the Vantage Credit Union Membership and Account Agreement, Fee Schedule and Disclosure(s). You agree and understand You are contractually liable according to the terms of the Agreement and Schedule and all terms and amendments the Credit Union makes from time to time that are incorporated herein. You promise to pay all amounts charged to your account according to the terms. If You are establishing joint account(s), You agree that such liability is joint and several. You understand that You will be liable for any advances, transactions, or money requested by any joint owner(s).

SSN/TIN Certification and Backup Withholding Information

I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am **NOT**, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding and I am a U.S. person (including U.S. resident alien).

I am subject to backup withholding I am not a U.S. Citizen or Resident (W-8 Form Required)

_____ Signature (Primary Owner)	_____ Date	_____ Signature (Joint Owner #1)	_____ Date
_____ Signature (Joint Owner #2)	_____ Date		
<div style="border: 1px solid black; width: 100px; height: 50px; margin: 10px auto;"></div> Primary Owner	<div style="border: 1px solid black; width: 100px; height: 50px; margin: 10px auto;"></div> Joint Owner #2	<div style="border: 1px solid black; width: 100px; height: 50px; margin: 10px auto;"></div> Joint Owner #1	

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.