VANTAGE CREDIT UNION

ACCOUNT CARD

S1

Member Code _____ Account Number _____

Ownership Change: ❑ Add ❑ Close Joint Account ❑ Trust

❑ Beneficiary Change ❑ Dormant Restriction Removed

❑ Name Change **BOX FOR VANTAGE USE ONLY**

1. Primary Owner (Member) Information

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

Driver's License #

Primary Member Name	Social Security Number	Date of Birth	Home Phone ( )	Cell Phone ( )

Street Address *(required)*	Apartment Number	City	State	Zip Code
Mailing Address *(if different from above)*		City	State	Zip Code

Name of Employer	Work Phone ( )	E-Mail Address	Mother's Maiden Name

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.)

For joint owner(s)/signer(s), print the following, and all must sign Section 5.

Joint Owner/Signer Name #1	Relationship to You	Social Security Number	Joint Owner/Signer Name #2	Relationship to You	Social Security Number

Driver's Lic./State I.D. Number	State	Date of Birth	Mother's Maiden Name	Driver's Lic./State I.D. Number	State	Date of Birth	Mother's Maiden Name

Home Phone ( )	Work Phone ( )	Cell Phone ( )	Home Phone ( )	Work Phone ( )	Cell Phone ( )

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.

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 and Services Type

Please select the Vantage Credit Union services (accounts) you desire. ***Each new membership automatically receives a General Share account; a Regular Savings account; Online account access; and Touch Tone Teller service.***

- **Online account access, (including MyVantage™ or Not Your Mama's Account and Bill Pay service),** allows you to complete account transactions via Internet access through **vcu.com**. You understand and agree that you and any joint owner will each have the ability to establish a unique username and password and then abide by the VCU Online/Bill Pay Service and Electronic Document Delivery Agreements.
- **Touch Tone Teller (TTT)** allows you to complete account transactions by automated telephone service. This access is account number specific, not owner specific. ***To protect your account, You may change Your Personal Identification Number (PIN) at any time.*** I select these numbers as my TTT PIN: ____ ____ ____ ____

❑ **Regular Savings/General Share** ❑ **Special Savings** ❑ **Holiday Club Savings** ❑ **Premier Money Market Account**

❑ **CD** _____ Type _____ ❑ **Other** _____

❑ **Basic Checking** or ❑ **Not Your Mama's Account Checking** or ❑ **Fresh Start Checking** or ❑ **Alumni Club Checking***

(select one) : ❍ With Overdraft Protection from Line-of-Credit and Regular Savings *(Separate application must also be completed)*
❍ With Overdraft Protection from Regular Savings *(See Vantage Fee Schedule for possible related fee)*

❑ Please order 1 box of 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: _____

❑ **Visa® Check Card**** *(Vantage checking account required)* ***OR*** ❑ **ATM Card**** ❍ Primary Owner ❍ Joint Owner # 1 *OR* ❍ Joint Owner # 2

** Must meet club requirements & complete separate Alumni Club request form.*
*** If you are requesting a Check Card or ATM Card, your card(s) and Personal Identification Number(s) (PIN) will arrive at your home in separate mailings [the card(s) will arrive first].*

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/Signer #1/Current Trustee) Date

Signature (Joint Owner/Signer #2/Current Trustee) Date

Primary Owner | Joint Owner/Signer #1 | Joint Owner/Signer #2

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

MEMBERSHIP OFFICER SIGNATURE **DATE** **APPROVAL CODE** **SS SEARCH/OFAC**