

Member Service Agreement • Part 1



2050 Lowe's Dr. • Clarksville, TN 37040
PH: 931-431-6800 • TF: 800-821-5891
ForteraCU.com

OWNER INFORMATION (An owner can open, initiate, conduct transactions on, maintain, change, add, terminate and close an account, product or service) 1

Owner 1 Name		Address			City	State	ZIP
Home	Cell Phone	Mailing Address (if different from physical address)			City	State	ZIP
E-mail Address	Social Security Number		Date of Birth	Birthplace	Mother's Maiden Name		
ID Type	Description	ID Number	Issue Date	Exp. Date	Employer	Work Phone	Occupation

ACCOUNT(S)	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
-------------------	----------------------------------	-----------------------------------	--------------------------	--------------------------	--------------------------	---	--

CERTIFICATE ACCOUNT ANNUAL PERCENTAGE YIELD (APY), RATE & TERMS (As Applicable) 3

Term	Amount	Source of \$	Rate	Annual % Yield	Maturity Date	
Dividends to: <input type="checkbox"/> Remain in Acct. <input type="checkbox"/> Deposit to Acct.			On Maturity: <input type="checkbox"/> Remain in Acct. <input type="checkbox"/> Deposit to Acct.			
SERVICE(S) <input type="checkbox"/> E-Statement <input type="checkbox"/> Online Access <input type="checkbox"/> Debit Card <input type="checkbox"/> Phone Branch	Pay Overdrafts: <input type="checkbox"/> Checks/ACH <input type="checkbox"/> Debit Card/ATM		4			

MULTIPLE OWNER'S INFORMATION (An owner can open, initiate, conduct transactions on, maintain, change, add, terminate and close an account, product or service) 5

Owner 2 Name		Address			City	State	ZIP	
Home	Cell Phone	Social Security No.	Date of Birth	Birthplace	E-mail Address			
ID Type	Description	ID Number	Issue Date	Exp. Date	Employer	Work Phone	Occupation	Mother's Maiden Name

AGENT <input type="checkbox"/> Name 1 OR INFORMATION USER <input type="checkbox"/> Name 2	6						
---	---	--	--	--	--	--	--

Name 1		Relationship	Address		City	State	ZIP
Home	Cell Phone	Work Phone	Social Security Number	Date of Birth	Birthplace		
ID Type	Description	ID Number	Issue Date	Exp. Date	Email Address	Mother's Maiden Name	

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations to receive the funds held in the account(s) on the death of the final owner) 7

Beneficiary/POD Payee 1 Name	Relationship	Beneficiary/POD Payee 2 Name	Relationship	Beneficiary/POD Payee 3 Name	Relationship
Beneficiary/POD Payee 4 Name	Relationship	Beneficiary/POD Payee 5 Name	Relationship	Beneficiary/POD Payee 6 Name	Relationship

TAX INFORMATION CERTIFICATION: By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS 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.
 I am subject to backup withholding Exempt I am not a United States citizen or resident (complete W-8 form) 8

ACKNOWLEDGMENT: Owner 1 is (or represents) a member, or applies for membership pursuant to Fortera Federal Credit Union's ("we", "us" & "our") Member Service Agreement (the MSA and Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving Part 2 (the terms) of this MSA, which includes the following disclosures: Funds Availability, Electronic Fund Transfer, Privacy Policy and Rate & Fee. Part 2 has been emailed to Owner 1's address if available. To identify and provide you with excellent service, you agree we may review and image your current identification, and may obtain and use credit, account and employment reports to verify your eligibility for accounts, products and services we may offer. You affirm the information provided in this Part 1 is accurate, and it has been completed according to your instructions. You understand this MSA governs your accounts, products, services and other aspects of your relationship with us whether initiated now or in the future, and agree we may rely solely on this MSA and have no obligation to rely on any other documents. You also understand an owner may conduct transactions on and open, initiate, maintain, change, add, close or terminate accounts, products and services, an agent may conduct transactions, and an information user may access information under an owner's number, as explained in Part 2 of this MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for your accounts, products or services. Call, email or write us to opt out of these calls. To benefit all members, we may change the MSA, and those changes are binding on you. You may call us with questions or obtain a copy of this MSA from us during business hours (and Part 2 from our website at any time), and may open, initiate, maintain, change, add, close or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and the legibility and accuracy of this Part 1 form, you agree that we may require this Part 1 to be notarized or re-completed and re-signed. By signing or otherwise authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to this MSA Parts 1 & 2. The IRS does not require your consent to any provision of this MSA other than the certification required to avoid backup withholding (in Section 8 above). 9

Owner 1 Signature	Owner 2 Signature	Agent or Info User Signature
-------------------	-------------------	------------------------------

I agree to be removed as an owner from the account(s) _____

State of _____ in the county of _____, Notary _____

This Agreement was signed before me on _____ Commission Expires _____

by _____
Names of Owner(s), Agent(s), Information User(s)

OFFICE USE ONLY	CU Employee Name	ID Number	Field of Membership	<input type="checkbox"/> Page 1 of 2	10
	<input type="radio"/> O <input type="radio"/> R <input type="radio"/> A <input type="radio"/> C			Date	