

**You must print this form and fill it in by hand with an original signature, then scan & send it back to MEFCU.**



**MOLEX EMPLOYEES  
FEDERAL CREDIT UNION**  
2222 Wellington Ct.  
Lisle, IL 60532  
Telephone: (630) 527-4280

## ACCOUNT CARD

### ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

	Suffix		Suffix
<input checked="" type="checkbox"/> Share/Savings:	_____	<input type="checkbox"/> Money Market:	_____
<input type="checkbox"/> Share Draft/Checking:	_____	<input type="checkbox"/> HSA:	_____
<input type="checkbox"/> Share Certificate/Certificate:	_____	<input type="checkbox"/> Other:	_____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

### MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: \_\_\_\_\_

Member/Owner: _____	
Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Home Phone: _____	Date of Birth: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	
Work Phone: _____	Employer: _____
Membership Eligibility: _____	E-mail: _____

### 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.** Cross out 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. 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) \_\_\_\_\_

### AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

<b>X</b>	<b>X</b>
Signature _____	Signature _____
Date _____	Date _____
<b>X</b>	<b>X</b>
Signature _____	Signature _____
Date _____	Date _____

**LOANLINER.**

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### ACCOUNT SERVICES

- ☐ Payroll Deduction/Direct Deposit: \_\_\_\_\_ ☐ ATM Card: \_\_\_\_\_
- ☐ Overdraft Protection (Indicate transfer priority.): \_\_\_\_\_ ☐ Debit Card: \_\_\_\_\_
- \_\_\_\_\_ ☐ Audio Response: \_\_\_\_\_
- ☐ PC Access/Internet Banking: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

### ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- ☒ **Individual** ☒ **Joint Account with Rights of Survivorship** ☒ **Joint Account without Rights of Survivorship**

**Joint Owner:** \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Listed ☐ Unlisted Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Listed ☐ Unlisted Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ACCOUNT DESIGNATIONS

- ☒ **Payable on Death (POD)/Trust Account**
- ☐ All Accounts ☐ Designate Specific Accounts: \_\_\_\_\_
- Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_
- Street: \_\_\_\_\_ Street: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- ☒ **UTMA/UGMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: \_\_\_\_\_
- ☐ **Agency** Print Name of Agent: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ All Accounts ☐ Designate Specific Accounts: \_\_\_\_\_
- ☐ **Other:** \_\_\_\_\_ ☐ See Account Authorization Card

### FOR CREDIT UNION USE ONLY

- ☐ **See Account Change Card** ☐ **See Insurance Beneficiary Card**
- Date of Membership: \_\_\_\_\_ Opened /App'd by: \_\_\_\_\_ Member Verification: \_\_\_\_\_
- ☐ Credit Report ☐ Check Verify ☐ PIN Request
- ☐ Access Card ☐ Audio Response ☐ PC Access/Internet Banking