



10655 Bedford Ave.
Omaha, NE 68134
(402) 492-9100
(800) 882-0244
firstnebraska.org

Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account.
What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

MEMBER/OWNER INFORMATION

Update

Member/Owner Name: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Home Phone: _____ Listed Unlisted Email: _____
Cell Phone: _____ Listed Unlisted Security Code: _____
Employer: _____ Occupation/Title: _____

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

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/AUTHORIZED SIGNER INFORMATION

Joint Owner Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

~~Name #1: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Home Phone: _____ Listed Unlisted Email: _____
Cell Phone: _____ Listed Unlisted Security Code: _____
Employer: _____ Occupation/Title: _____~~

Joint Owner Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

~~Name #2: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Home Phone: _____ Listed Unlisted Email: _____
Cell Phone: _____ Listed Unlisted Security Code: _____
Employer: _____ Occupation/Title: _____~~

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

Joint Owner Other Authorized Signer (Describe): _____ See Account Authorization Card
 Add Update Remove

~~Name #3: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Home Phone: _____ Listed Unlisted Email: _____
Cell Phone: _____ Listed Unlisted Security Code: _____
Employer: _____ Occupation/Title: _____~~

ACCOUNT TYPES

Share/Savings: _____ Add Remove Money Market: _____ Add Remove
 Share Draft/Checking: _____ Add Remove Other: _____ Add Remove
 Money Market Checking: _____ Add Remove Other: _____ Add Remove

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts See Payable on Death Addendum for additional Beneficiaries
 Add Update Remove Add Update Remove
Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
SSN/TIN: _____ Date of Birth: _____ SSN/TIN: _____ Date of Birth: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____

Minor Accounts

The joint owner authorizes the Credit Union to issue an ATM card and/or debit card and to establish and maintain a checking account for the Member/Owner listed above who is the joint owner's son, daughter or legal ward. The joint owner agrees to be fully responsible for all transactions and to indemnify and hold the Credit Union harmless from any and all losses, costs, damages and expenses, including reasonable attorneys' fees and court costs, arising from this authorization.

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. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. 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) _____

CONSENT TO CONTACT

BY SIGNING BELOW, YOU AUTHORIZE FIRST NEBRASKA CREDIT UNION TO DELIVER OR CAUSE TO BE DELIVERED TO YOU AT THE TELEPHONE NUMBERS PROVIDED ABOVE, ADVERTISING AND TELEMARKETING TELEPHONE CALLS, TEXT MESSAGES, AND VOICEMAIL TRANSMISSIONS USING AN AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR AN ARTIFICIAL OR PRERECORDED VOICE. YOU ARE NOT REQUIRED TO SIGN THIS AUTHORIZATION OR ENTER INTO THIS AGREEMENT AS A CONDITION OF PURCHASING ANY PROPERTY, GOODS OR SERVICES. You may withdraw the consent provided herein at any time by email to compliance@firstnebraska.org, via phone at 402.492.9100 or by any other reasonable means.

Member/Owner	Date
X	(Seal)

Joint Owner/Authorized Signer	Date
X	(Seal)

Joint Owner/Authorized Signer	Date
X	(Seal)

Joint Owner/Authorized Signer	Date
X	(Seal)

By executing this Member Services Request, you agree we and/or our third-party providers, including debt collectors, may contact you by telephone call, text message, or voicemail transmission at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by email to compliance@firstnebraska.org, via phone at 402.492.9100 or by any other reasonable means. If you have provided a wireless telephone number(s) on or in connection with any account, you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) which you have provided to us.

In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless telephone number (i.e. cell phone number), to deliver to you any messages related to suspected or actual fraudulent activity on your account, data security breaches or identity theft following a data breach, money transfers or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. You will have an opportunity to opt-out of such communications at the time of delivery.

AUTHORIZATION

Credit Union Name:

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy 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 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. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

Furthermore, I/we acknowledge that First Nebraska Credit Union may obtain a consumer report (credit report) from a consumer reporting agency for the purpose of evaluating my/our eligibility for membership and any accounts or services I/we request. I/we understand this will be a hard inquiry, which may appear on my/our credit report and could have a minor impact on my/our credit score, and may include verifying my/our identity, address, and other information I/we provide. I/we acknowledge that the credit union has a permissible purpose under the Fair Credit Reporting Act (FCRA) to obtain this information in connection with my/our request to open a membership account.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member/Owner	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____

Member Verification: _____

Verification List(s) Checked: OFAC Other: _____

List Verification Completion Date: _____ By: _____

Reports Checked: Credit Report Check Verification Report Other: _____

Overdraft Protection Opt-in Completion Date: _____