Altra Federal Credit Union
1700 Oak Forest Drive • Onalaska, WI 54650
800-755-0055 • 608-787-4500
www.altra.org

LOANLINER®

Member Services Request

☐ NEW 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

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:	E-Mail:	
Cell Phone:	Work Phone:	
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 OWNER/AUTHORIZED SIGNER INFORMATION

☐ Joint Owner ☐ UTMA Custodian

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:	E-Mail:	
Cell Phone:	Work Phone:	
Employer:	Occupation/Title:	

☐ Joint Owner

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:	E-Mail:	
Cell Phone:	Work Phone:	
Employer:	Occupation/Title:	

☐ Joint Owner

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:	E-Mail:	
Cell Phone:	Work Phone:	
Employer:	Occupation/Title:	

ACCOUNT TYPES

☐ Share Savings: _____	☐ Add	☐ Remove	☐ Money Market: _____	☐ Add	☐ Remove
☐ Club Savings: _____	☐ Add	☐ Remove	☐ High Rate Savings: _____	☐ Add	☐ Remove
☐ Checking: _____	☐ Add	☐ Remove	☐ Deposit Account: _____	☐ Add	☐ Remove
☐ Certificate: _____	☐ Add	☐ Remove	☐ Deposit Account: _____	☐ Add	☐ Remove
☐ Certificate: _____	☐ Add	☐ Remove	☐ Deposit Account: _____	☐ Add	☐ Remove

SERVICES

☐ Overdraft Protection Indicate transfer priority: ☐ Update

1. _____ 3. _____

2. _____ 4. _____

CUSTODIAL DESIGNATION AND INFORMATION

_____ (as custodian for _____ (minor)
under the Wisconsin Uniform Transfers to Minors Act.)

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Wisconsin Uniform Transfer to Minors Act, I designate: _____

_____

successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

Signature of Custodian	Date
X	

Witness	Date
X	

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) _____

AUTHORIZATION

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.

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: _____

Comments: _____

_____