

Member Service Agreement • Part 1



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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) Savings, Checking, City, State, ZIP 2

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

Term, Amount, Source of \$, Rate, Annual % Yield, Maturity Date
Dividends to: Remain in Acct., Deposit to Acct., On Maturity: Remain in Acct., Deposit to Acct.

SERVICE(S) E-Statement, Online Access, Debit Card, Phone Branch, Pay Overdrafts: Checks/ACH, 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 Name 1 OR INFORMATION USER 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)

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).

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, Date
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