

Member Service Agreement

Part 1



P.O. Box 284
510 G St (HWY30)
Central City, NE 68826-0284
Ph: 308-946-3070
Fx: 308-946-3027
www.archerccu.com

OWNER INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.) 1

Owner 1 Name	Address	City	State	ZIP
Home Phone	Mobile Phone	Mailing Address (if different from physical address)	City	State ZIP
E-mail	Social Security Number	Date of Birth	Identification - State, Number & Issue and Exp. Date	
Employer/Retired From	Occupation/Profession	Work Phone	Mother's Maiden Name	

ACCOUNT(S) Savings Checking 2

SERVICE(S) Debit Card eStatements Online Phone Mobile Banking OD Transfer 3

MULTIPLE OWNER(S) INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.) 4

Owner 2 Name	Address	City	State	ZIP
Home Phone	Mobile Phone	Social Security Number	Date of Birth	E-mail Address
Identification - State, Number & Issue and Exp. Date	Employer/Retired From	Work Phone	Occupation/Profession	Mother's Maiden Name

Owner 3 Name	Address	City	State	ZIP
Home Phone	Mobile Phone	Social Security Number	Date of Birth	E-mail Address
Identification - State, Number & Issue and Exp. Date	Employer/Retired From	Work Phone	Occupation/Profession	Mother's Maiden Name

TRANSACTOR 1 or INFORMATION USER 1 (A transactor (also called an agent) may conduct transactions, and an information user may access information, on behalf of the owner(s)) 5

Transactor or Info User 1 Name	Relationship	Address	City	State	ZIP
Home Phone	Mobile Phone	Social Security Number	Date of Birth	E-mail Address	
Identification - State, Number & Issue and Exp. Date	Employer/Retired From	Work Phone	Occupation/Profession	Mother's Maiden Name	

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations that may receive funds remaining in the account(s) on the final owner's death.) 6

Beneficiary/POD Payee 1 Name	Relationship	Beneficiary/POD Payee 2 Name	Relationship	Beneficiary/POD Payee 3 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) 7

ACKNOWLEDGMENT Owner 1 is or applies to be a member of Archer Cooperative Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures (and which, along with our records, comprise the terms of the MSA). Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, a transactor may conduct transactions on accounts, products and services, and an information user may access information about accounts, products and services, 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 may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 7 above). 8

Owner 1 Signature	Owner 2 Signature	Owner 3 Signature
-------------------	-------------------	-------------------

Transactor or Info User 1 Signature	I agree to be removed as an Owner, Transactor or Info User
-------------------------------------	--

State of _____ in the county of _____ Notary _____

This Agreement was signed before me on _____ Commission Expires _____

by _____
Name(s) of Owner(s), Transactor, Information User

OFFICE USE ONLY	CU Employee Name	ID Number	Field of Membership	<input type="checkbox"/> Page 1 of 2	9
	<input type="checkbox"/> OIC/AIT			Date	<input type="checkbox"/>