

ADDITIONAL SERVICES/ACCOUNT MAINTENANCE

I/We authorize the Credit Union to make and accept the following changes to my/our accounts.

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|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Section 1: ___ Additional Account Product Account Number _____ Account Type _____ | Section 2: ___ Update Existing Account(s) ___ Add Joint Owner(s) ___ Add Beneficiary(ies) ___ Remove Beneficiary(ies) ___ Name Change/Also Known As | List Account(s) Updated _____ _____ _____ _____ |
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MEMBER INFORMATION

| | | | | | | |
|-------------------------------------------|------------------------|-----------------------|-------|-----------------|---------------|----------------|
| Name | Social Security Number | Identification Number | State | Expiration Date | Date of Birth | E-mail Address |
| Street Address | City | State | Zip | Contact Phone# | Work Phone # | AKA |
| ChexSystems - Checking Only (CU use only) | | | | | | |

JOINT OWNER INFORMATION: If required by Credit Union, the removal of a joint owner requires consent of all owners and will hold the Credit Union harmless for actions regarding access to the account(s). The removed joint owner(s) relinquishes ownership interest, including any membership share in the account(s) set forth in Section 1. This relinquishment does not affect my/our obligation on any loan accounts with the Credit Union.

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|---------------------|---------------------|-----------------------|-------|-----------------|---------------|---------------------------------------------|
| Name | Social Security No. | Identification Number | State | Expiration Date | Date of Birth | Occupation/Field/Position |
| Street Address | City | State | Zip | Contact Phone# | Work Phone # | ChexSystems/OFAC verification (CU use only) |
| Mothers Maiden Name | AKA | E-mail Address | | | Relationship | |

| | | | | | | |
|---------------------|---------------------|-----------------------|-------|-----------------|---------------|---------------------------------------------|
| Name | Social Security No. | Identification Number | State | Expiration Date | Date of Birth | Occupation/Field/Position |
| Street Address | City | State | Zip | Contact Phone# | Work Phone # | ChexSystems/OFAC verification (CU use only) |
| Mothers Maiden Name | AKA | E-mail Address | | | Relationship | |

BENEFICIARY INFORMATION

Upon death of the last account owner the following individual(s) become(s) Beneficiary or Beneficiaries. Distribution will be made equally unless indicated differently below. Between POD payees, there is no right of survivorship. If additional POD payees are desired, attach a separate piece of paper to this Account Card. The POD designation set forth below shall govern all accounts opened under this Account Card. If you wish to change the POD designation, you understand and agree that you must execute a new Account Card.

| | |
|------------|----------------------------------------------------------------------------|
| Percentage | Date of Birth |
| Name | Social Security No. Street Address City State Zip Code |

| | |
|------------|----------------------------------------------------------------------------|
| Percentage | Date of Birth |
| Name | Social Security No. Street Address City State Zip Code |

| | |
|------------|----------------------------------------------------------------------------|
| Percentage | Date of Birth |
| Name | Social Security No. Street Address City State Zip Code |

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|------------|----------------------------------------------------------------------------|
| Percentage | Date of Birth |
| Name | Social Security No. Street Address City State Zip Code |

ADDITIONAL SERVICES/ACCOUNT MAINTENANCE

CHECKING OVERDRAFT PROTECTION

You authorize the Credit Union to cover any overdraft by a transfer of funds from other accounts owned by you to your checking account, in the order indicated below and in accordance with the terms and conditions of the Membership and Account Agreement Disclosure which are incorporated herein by this reference. You will refer to the Schedules of Fees and Charges for applicable fees and transfer limitations.

Please transfer funds from the following accounts in the order indicated below (place 1, 2 or 3 next to each account type. If not applicable, write N/A).

Transfer from my Savings - Account Number _____

Transfer from my Money Market - Account Number _____

Advance from my Line of Credit up to my credit limit, subject to the terms and conditions of that account, such sum(s) as established by NuVision Credit Union from time to time.

Do not provide overdraft protection from any of my accounts.

Agreements and Signatures

In this Account Card, "I," "me" and "my" mean each and every person who signs below. "You" and "your" mean NuVision Federal Credit Union dba NuVision Credit Union. If I currently am not a member, I hereby make application for membership in the Credit Union and certify that I am within the Credit Unions field of membership. I agree that you may retain this Account Card and any other information you may receive. By signing below, I agree:

- (1) That the information provided in this Account Card is accurate, complete and true and the Credit Union may rely on the information in its dealings with me;
- (2) That I will promptly notify you of any changes in my name, address, or employment;
- (3) That you are authorized to verify financial information, data and employment history by any necessary means, including obtaining a consumer report from any consumer reporting agency. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my account and/or in connection with making future credit opportunities available to me;
- (4) That you are authorized to give information concerning your experience with me to others; and
- (5) That I will conform to your bylaws as well as all terms and conditions set forth in the Agreements & Disclosures, Rate Schedule, and Schedule of Fees & Charges, including any amendments thereto (receipt of which is hereby acknowledged and which is incorporated by this reference).

I/We agree that the changes on this Account Card amend the previously signed Membership Account Card and, as such, I/we remain subject to the terms of the Membership & Account Agreement, the Truth-in-Savings Disclosure, the Funds Availability Policy, Schedule of Fees and the EFT Agreement and Disclosure, as applicable, and to any amendment the Credit Union makes from time to time which are incorporated therein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above.

I understand and agree that this Account Card shall only govern the accounts opened under the Membership Number set forth above. I agree to execute additional signature card(s) to open other account(s) with you.

| | | | | | |
|------------------|------|-----------------|------|-----------------|------|
| Member Signature | Date | Joint Signature | Date | Joint Signature | Date |
|------------------|------|-----------------|------|-----------------|------|

NUVISION CREDIT UNION USE ONLY

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|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCOUNT OPENED BY: _____ Employee # Employee Date | SUPERVISOR/MANAGER APPROVAL <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ _____ </div> Approved by Date received |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|