

Member Service Agreement for a Fiduciary Part 1



800.444.6327
nuvisionfederal.com

Member Number _____ Primary Owner/SSA Beneficiary Name _____ OICIA _____ Date _____

PRIMARY OWNER/SSA BENEFICIARY 1a

Name Used to Report Dividends/Interest _____ SSN or EIN _____ Date of Birth _____ Relationship to Fiduciary Below _____

FIDUCIARY INFORMATION (Representative Payee or Conservator) 1b

Fiduciary Name _____ Address _____ City _____ State _____ ZIP _____

Mobile Phone _____ Work Phone _____ Mailing Address (if different from physical address) _____ City _____ State _____ ZIP _____

E-mail _____ Social Security Number _____ Date of Birth _____

Member Number _____ ID Type _____ State _____ Number _____ Issue Date _____ Exp. Date _____ Occupation/Profession _____ Chex Systems ID _____

Fiduciary Role/Relationship to Primary Owner _____ Explanation (Optional) _____

ACCOUNT(S) 2

SERVICE(S) Debit/ATM Card: Debit Cards issued to accounts with both checking & savings. ATM cards issued to accounts with savings only. 3

OD Transfer (in order): 1 _____ 2 _____ 3 _____ 4 _____
Transfers from Visa Cards available in Alaska and Washington only.

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 Fiduciary is, applies to be or represents a member of Nuvision Federal Credit Union ("we", "us" & "our"), or is authorized to *take action*, according to our Member Service Agreement (the MSA Parts 1 & 2). All fiduciaries ("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 Fiduciary 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. 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 a fiduciary may *conduct transactions on and take action* to start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the 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. You acknowledge that you have started the account(s), product(s) and/or service(s) to hold the funds of another person (a child, minor, Social Security Beneficiary, VA Beneficiary, tenant, ward, other protected person or a decedent) or fund as a relative, custodian, representative payee, VA fiduciary, landlord, guardian, conservator, estate representative, representative of a fund or other fiduciary. You further understand that though dividends/interest paid to the account are/is reported under the person's/estate's/fund's name and Social Security Number/Employer Identification Number, you are the fiduciary who may *take actions and conduct transactions on* the account(s) on behalf of this person, estate or fund. If you place a successor on an account to claim the funds in the event the fiduciary(ies) can no longer act for the person, estate or fund whose name the dividends/interest are/is reported in, a successor may claim the funds in the account upon providing proof satisfactory to us of his, her or their authority and succession to act on behalf of the person, estate or fund. 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, using any 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 4 above).*

Fiduciary Signature _____

OFFICE USE ONLY	Branch Name _____ Employee # _____ Date _____ Field of Membership _____ Approved by _____ Date Approved _____	6
	_____ OICIA _____ <input type="checkbox"/>	