



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

Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

If mailing or faxing, all parties must include a current copy of their ID.

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

Update

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:	Email:	
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

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:	Email:	
Cell Phone:	Work Phone:	
Employer:	Occupation/Title:	

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:	Email:	
Cell Phone:	Work Phone:	
Employer:	Occupation/Title:	

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:	Email:	
Cell Phone:	Work Phone:	
Employer:	Occupation/Title:	

Name #4: _____ 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: _____ Email: _____
 Cell Phone: _____ Work Phone: _____
 Employer: _____ Occupation/Title: _____

Name #5: _____ 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: _____ Email: _____
 Cell Phone: _____ Work Phone: _____
 Employer: _____ Occupation/Title: _____

Name #6: _____ 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: _____ Email: _____
 Cell Phone: _____ Work Phone: _____
 Employer: _____ Occupation/Title: _____

ACCOUNT TYPES

<input type="checkbox"/> Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Special Savings: _____	<input type="checkbox"/> Deposit Account: _____
<input type="checkbox"/> Checking: _____	<input type="checkbox"/> Deposit Account: _____
<input type="checkbox"/> Certificate: _____	<input type="checkbox"/> Deposit Account: _____
<input type="checkbox"/> Certificate: _____	<input type="checkbox"/> Deposit Account: _____

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	(Seal)

Witness	Date
X	(Seal)

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	

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: _____