



P.O. Box 477550
Tulsa, OK 74147

ACCOUNT CARD

Date:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT INCLUDING LOANS and SAFE DEPOSIT BOXES. 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 who opens an 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.

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Account Card apply to all of the accounts listed below unless TTCU Federal Credit Union is notified in writing of a change.

Account: Account: Account: Account: Account:	Account: Account: Account: Account:	Account: Account: Account: Account:
*Primary Savings is required		

Member/Owner:			Member Number:
Street:			Birth Date:
City:	State:	Zip:	SSN/TIN:
Mailing Address:			Driver's License Number:
City:	State:	Zip:	Occupation:
Home Phone:			Place of Employment:
Work Phone:			Eligibility for Membership:
Cell Phone:			Email:

Joint Owner:			Birth Date:
Street:			SSN/TIN:
City:	State:	Zip:	Driver's License Number:
Home Phone:			Occupation:
Work Phone:			Relationship:
Cell Phone:			Email:

Joint Owner:			Birth Date:
Street:			SSN/TIN:
City:	State:	Zip:	Driver's License Number:
Home Phone:			Occupation:
Work Phone:			Relationship:
Cell Phone:			Email:

Joint Owner:			Birth Date:
Street:			SSN/TIN:
City:	State:	Zip:	Driver's License Number:
Home Phone:			Occupation:
Work Phone:			Relationship:
Cell Phone:			Email:

Member Number:

Date:

PAYABLE ON DEATH DESIGNATIONS

Payable on Death (POD) beneficiaries are optional. Accounts in the name of a Trust may not have POD beneficiaries. If more than one beneficiary is designated by the account owner, then those beneficiaries have equal rights. Accounts payable to more than one beneficiary are owned jointly without rights of survivorship. The percent to each beneficiary must equal 100% when added together and must be in whole percentages. If you list three beneficiaries, please designate which beneficiary will receive 34% instead of 33%. If you list only one primary beneficiary, you may list a contingent beneficiary or beneficiaries. If you list more than one contingent beneficiary, then those contingent beneficiaries have equal rights. The primary or contingent beneficiary may be an individual, trust, or a non-profit organization. The distribution of the proceeds in a POD account shall be consistent with the provisions of 6 O.S. § 2025 of the Oklahoma Credit Union Act. If there is more than one beneficiary, they must be in equal shares. If there are two or more beneficiaries, there is no need for contingent beneficiaries.

Primary Beneficiary/POD Payee:			Beneficiary/POD Payee:		
Beneficiary %:			<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Beneficiary %:
SSN:		Birth Date:	SSN:		Birth Date:
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone:		Email:	Home Phone:		Email:
Relationship:			Relationship:		
Beneficiary/POD Payee:			Beneficiary/POD Payee:		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Beneficiary %:					
SSN:		Birth Date:	SSN:		Birth Date:
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone:		Email:	Home Phone:		Email:
Relationship:			Relationship:		

Under penalty of perjury, I certify the number shown on this form is my correct taxpayer identification number. The FATCA code certification does not apply.

I am not subject to backup withholding because: (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding; (b) the IRS has notified me that I am no longer subject to backup withholding; or (c) I am exempt from backup withholding.

I am subject to backup withholding.

I am a U.S. Citizen or U.S. Person.

I am a non-U.S. person and agree to provide a completed W-8BEN.

By signing below, I/we acknowledge and agree to deposit the par value amount of \$5.00 and maintain at least that amount in the Savings account. By signing below, I acknowledge receipt of the Service Charges, Privacy Disclosure, Truth in Savings Disclosure, Electronic Funds Transfer Services Agreement and Disclosure, Funds Availability Policy and Disclosure, and Membership and Account Agreement, and I agree to the terms and conditions contained therein. I also agree to any amendment TFCU Federal Credit Union ("TFCU") makes from time to time, which are incorporated herein. As a term of approval and TFCU membership, I agree to receive auto dialed, prerecorded and artificial voice calls and text messages for servicing, marketing and collection purposes, for this account or any other account or relationship, from TFCU at the telephone number(s) provided now or in the future, including any cell phone numbers or contacts that may result in a charge to me. Standard text message and/or calling charges may apply.

Authorization to obtain Credit Report

By signing below, I authorize TFCU to obtain information regarding my account, credit, and employment history. My signature also authorizes TFCU to obtain credit reports from one or more consumer credit reporting agencies (a) in connection with an application for membership, product, or account, (b) in order to consider my eligibility for and to present me with other credit products, offers or services, or (c) at any other time in TFCU's sole discretion during the term of my membership. TFCU may use the credit reports for any lawful purpose, including but not limited to (i) for authentication purposes, to make sure I am who I say I am, confirm, verify or obtain information; (ii) to make credit decisions; (iii) for modeling, audit and analysis purposes; and (iv) to market products or services to me.

If requesting a Visa Check Card I/we have been instructed by TFCU to memorize my Personal Identification Number (PIN), never to write it on my card(s), and never to tell anyone my PIN except people who are authorized to sign on the account, and even then disclosure is at my discretion.

Security Interest: *I/we acknowledge and agree that my accounts, including all paid shares and deposits, will secure any and all obligations that I owe TFCU, including any fees and charges as well as any loans and credit cards that I may have now or in the future. Any funds obtained from the Social Security Administration, Treasury, or Veterans Administration may be applied to any negative balance I may have, including negative balances as a result of Courtesy Pay or insufficient funds. I understand I may opt out of Courtesy Pay.*

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member/Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

TTCU USE ONLY

Approved by:	Date:
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Sign with:
Verifone
Topaz