

ADDITIONAL ACCOUNT/CHANGE FORM

Completion of this application is required to open additional, or change, accounts including, but not limited to, Checking Accounts, Certificates, Money Market Accounts as well as requesting Automated Services and adding joint applicants. For ownership or signer changes to Trusts, Estates, IRA, Custodial or Business Accounts, a separate application is required.



OWNER INFORMATION		
Member/Owner Name	SSN #	Wings ID #
Home Phone	Cell Phone	

INTENT OF APPLICATION
The intent of this application is to (check one or more): <input type="checkbox"/> Open new account(s) <input type="checkbox"/> Add Joint <input type="checkbox"/> Add Beneficiaries
To change account ownership, please list 10 digit account number(s) below.

"OTHER" ACCOUNTS & DISTRIBUTION OF INITIAL DEPOSIT		
OPEN OR CHANGE FOLLOWING ACCOUNTS <input type="checkbox"/> Share # _____ <input type="checkbox"/> Checking # _____ <i>An initial deposit is required.</i> <input type="checkbox"/> Certificate # _____ Rate _____ Term _____ <input type="checkbox"/> Certificate # _____ Rate _____ Term _____ <input type="checkbox"/> Other # _____ <input type="checkbox"/> Other # _____	OPENING FUNDS <input type="checkbox"/> Enclosed Check \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	<input type="checkbox"/> Transfer from (10-digit account number(s) below) Acct # _____ Acct # _____ Acct # _____ Acct # _____ Acct # _____ Acct # _____

CHECKING ACCOUNT (Primary applicant must complete the following information)
Have you had a checking account at this or another financial institution within the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where? _____ Have you or your joint applicant had a checking account closed by a financial institution without consent in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, reason? _____ Have you or your joint applicant been convicted of a criminal offense because of the use of a check or other similar item within the last 24 months? <input type="checkbox"/> YES <input type="checkbox"/> NO

AUTOMATED AND CARD SERVICES
If you already have a code for CU Online or CU PAL, this account(s) will automatically be added to your access I do not currently have an access code, please issue me an access code for: <input type="checkbox"/> FREE Automated banking systems (CU Online - Internet, and CU PAL - Phone) Issue code(s) to: <input type="checkbox"/> Member <input type="checkbox"/> Joint #1 <input type="checkbox"/> Joint #2 I would like to order one of the following: <input type="checkbox"/> A VISA® Check Card issued on the account (Checking required) Issue card(s) to: <input type="checkbox"/> Member <input type="checkbox"/> Joint #1 <input type="checkbox"/> Joint #2 <input type="checkbox"/> An ATM card - I do not have a checking account at this time Issue card(s) to: <input type="checkbox"/> Member <input type="checkbox"/> Joint #1 <input type="checkbox"/> Joint #2 Note: VISA® Check Cards and ATM Cards for Minors need to be guaranteed. Please complete Guarantee Form.

JOINT TENANT(S) INFORMATION (If applicable.) (The joint tenant will be added to all accounts listed on the front of this application.)

Joint Tenant Name 1	Date of Birth	US Social Security Number (Passport required if no US SSN)	Wings ID Number
Mailing Address (residence address required if P.O. Box)	City	State	Zip
Residence Address (required if different than mailing address)	City	State	Zip
eMail Address	Home Phone	Business Phone	Cell Phone
Place of Birth: City, State	Mother's Maiden Name	Employer	
Employer's Address	City	State	Zip
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID	ID Number:	Issuing State/Country	

Joint Tenant Name 2	Date of Birth	US Social Security Number (Passport required if no US SSN)	Wings ID Number
Mailing Address (residence address required if P.O. Box)	City	State	Zip
Residence Address (required if different than mailing address)	City	State	Zip
eMail Address	Home Phone	Business Phone	Cell Phone
Place of Birth: City, State	Mother's Maiden Name	Employer	
Employer's Address	City	State	Zip
ID Type:	ID Number:	Issuing State/Country	

PAYABLE ON DEATH DESIGNATION OF BENEFICIARY

The below named person(s) is/are designated as the beneficiary on **all accounts listed on this application** and **SUPERSEDES ALL PREVIOUS DESIGNATIONS:**

Beneficiary Name 1	Wings ID Number (if appropriate)	Date of Birth or Social Security Number	Relationship
Beneficiary Name 2	Wings ID Number (if appropriate)	Date of Birth or Social Security Number	Relationship
Beneficiary Name 3	Wings ID Number (if appropriate)	Date of Birth or Social Security Number	Relationship
Beneficiary Name 4	Wings ID Number (if appropriate)	Date of Birth or Social Security Number	Relationship

If you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) and designate a beneficiary other than your spouse, the spouse must consent to the designation by signing below:

Signature of Spouse	Date
X	

AGREEMENT AND SIGNATURE

The person(s) listed on this application makes the application for an account in the Wings Financial Credit Union and agrees to conform to its bylaws or any amendments thereto. Any money may be deposited or withdrawn, subject to the bylaws and rules of the Credit Union, upon any one of the signatures below.

The undersigned acknowledges receipt of and agrees to a full and complete list of rules and regulations (Account Agreement & Disclosure) and a fee schedule concerning the account. Also, all of the undersigned certify, under penalty of perjury, that all information furnished on this application is true and correct.

It is also agreed that the member/owner may, at any time, without consent of the joint tenant(s), close the account, add a joint tenant or beneficiary or remove the name of any or all joint tenants or beneficiaries.

The Credit Union is required to, and will, verify the identity of all account applicants by obtaining a credit report.

Signature of Member/Owner	Date		
X			
Signature of First Joint Tenant	Date	Signature of Second Joint Tenant	Date
X			

Opened by # _____ Date _____	<input type="checkbox"/> ID (P) _____	<input type="checkbox"/> ID (JT1) _____	<input type="checkbox"/> ID (JT2) _____
<input type="checkbox"/> R.A. (P) _____	<input type="checkbox"/> FIS (P) _____	<input type="checkbox"/> R.A. (JT1) _____	<input type="checkbox"/> FIS (JT1) _____
<input type="checkbox"/> FOM(JT1) _____	<input type="checkbox"/> R.A. (JT2) _____	<input type="checkbox"/> FIS (JT2) _____	<input type="checkbox"/> FOM(JT2) _____