



3720 E. 31st Street
P.O. Box 4999
Tulsa, OK 74159-0999

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 card apply to all of the accounts listed below unless Tulsa Teachers Credit Union (TTCU) is notified in writing of a change.

- | | | |
|---|--------------|--------------------------------|
| <input type="checkbox"/> Primary Share/Savings (required) | Suffix _____ | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Share Draft/Checking | Suffix _____ | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Money Market | Suffix _____ | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Secondary Share | Suffix _____ | <input type="checkbox"/> Trust |
- Name of Trust _____

Member/Owner _____
 Street _____
 City _____ State _____
 Mailing Address _____
 City _____ State _____
 Driver's License No. _____
 Home Phone _____
 Work Phone _____
 E Mail _____

Member No. _____
 SSN/TIN _____
 Zip _____
 Occupation _____
 Zip _____
 Date of Birth _____
 Cell Phone _____
 Place of Employment _____
 Eligibility for Membership _____

Joint Owner _____
 Street _____
 City _____ State _____ Zip _____
 Date of Birth _____
 Home Phone _____
 Work Phone _____

SSN/TIN _____
 Driver's License No. _____
 Occupation _____
 E Mail _____
 Cell Phone _____
 Relationship _____

Joint Owner _____
 Street _____
 City _____ State _____ Zip _____
 Date of Birth _____
 Home Phone _____
 Work Phone _____

SSN/TIN _____
 Driver's License No. _____
 Occupation _____
 E Mail _____
 Cell Phone _____
 Relationship _____

Joint Owner _____
 Street _____
 City _____ State _____ Zip _____
 Date of Birth _____
 Home Phone _____
 Work Phone _____

SSN/TIN _____
 Driver's License No. _____
 Occupation _____
 E Mail _____
 Cell Phone _____
 Relationship _____

- I request a VISA Check/ATM Card. (You must have a checking account.)
- I request VISA Check/ATM Cards in the joint owners' names.
- I request access to MARCIA, TTCU's automated teller.
- I request access to TTCU's Virtual Branch.

Member No. _____
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 Section 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.

Beneficiary/
POD Payee _____
Street _____
City _____ State _____
Zip _____
SSN/TIN _____
Date of Birth _____
Home Phone _____
Relationship _____
Beneficiary % _____

Beneficiary/ Primary Contingent
POD Payee _____
Street _____
City _____ State _____
Zip _____
SSN/TIN _____
Date of Birth _____
Home Phone _____
Relationship _____
Beneficiary % _____

Beneficiary/ Primary Contingent
POD Payee _____
Street _____
City _____ State _____
Zip _____
SSN/TIN _____
Date of Birth _____
Home Phone _____
Relationship _____
Beneficiary % _____

Beneficiary/ Primary Contingent
POD Payee _____
Street _____
City _____ State _____
Zip _____
SSN/TIN _____
Date of Birth _____
Home Phone _____
Relationship _____
Beneficiary % _____

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number, I am a U. S. Person including a U. S. resident alien, and

- 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.

By signing below, I/we agree to the terms and conditions of the Service Charge and Rate Schedule, the Membership and Account Agreements including the Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and Disclosure, MARCIA Agreement and Virtual Branch Agreement and Disclosure, if applicable, and to any amendment TTCU makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Service Charge and Rate Schedule and the Membership and Account Agreements. I/We authorize TTCU to check the account, credit, employment history, and obtain a credit report from third parties, including credit reporting agencies, to verify eligibility for any account(s) and services(s).

If requesting a Visa Check Card I/we have been instructed by TTCU 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.

If requesting Virtual Branch or MARCIA access I agree to notify TTCU if an unauthorized person obtains access to my password or PIN.

Any funds obtained from Social Security 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

- OFAC Credit Report Efunds Followed CIP procedures Informed of Opt Out
- Membership and Account Agreements given Service Charge and Rate Schedule given
- Did MSR inform the Member about the availability of E Statements and Bill Pay?

Approved by _____ Date _____