



- Adding Joint Member(s) - **Joint Member(s) Signature is Required**
- Adding Beneficiary Member(s)

**Member Account Number:**

Joint/Beneficiary Name		Credit Union Account Number <i>(if applicable)</i>	
SSN	Date of Birth		
Driver's License #	State Issued & Expiration Date:		
Phone Number	Relationship		
Address			
City	State	Zip	

Joint/Beneficiary Name		Credit Union Account Number <i>(if applicable)</i>	
SSN	Date of Birth		
Driver's License #	State Issued & Expiration Date:		
Phone Number	Relationship		
Address			
City	State	Zip	

**Joint Member Authorizations (SIGNATURE(S) REQUIRED)**

\*By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement and to any amendments the Credit Union makes from time to time. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested, or receipt of a copy within an appropriate amount of time after requesting services remotely. **IMPORTANT INFORMATION ABOUT PROCEDURES FOR A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account, we ask for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents. We are required to follow this procedure each time an account is opened, even if you are a current member of Bridge Credit Union. **NOTICE TO ALL OHIO RESIDENTS: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS ACT.** I certify that all information submitted is true and complete. I/we authorize the credit union to gather any credit, checking account and employment information deemed appropriate from time to time.

**TIN CERTIFICATION BACKUP WITHHOLDING INFORMATION:** Instruction - Cross through any statement that does not apply. Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Social Security Number (SSN) or Taxpayer Identification Number (TIN); 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 IRS that I am subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRA has notified me that I am no longer subject to backup withholding; 3. I am a U.S. citizens or U.S. resident alien.

Member's Name (please print)	Member's Signature	Date
------------------------------	--------------------	------

Joint Owner's Name (please print)	Joint Owner's Signature	Date
-----------------------------------	-------------------------	------

Joint Owner's Name (please print)	Joint Owner's Signature	Date
-----------------------------------	-------------------------	------

<b>FOR OFFICE USE ONLY</b>	
Employee _____	Date _____

**Beneficiary Authorization (PRIMARY MEMBER SIGNATURE REQUIRED)**

If you are designating more than two beneficiaries, list additional names on a separate sheet of paper titled "Addendum to POD Beneficiary Designation." Sign and date your addendum and return it with this form. **The most recently signed and dated designation form in the Credit Union's records will control the account distribution.**

In addition to the Account Agreement and Disclosure, the following disclosures apply:

A Pay on Death (POD) beneficiary or beneficiaries may be named on an individual account or multiple-party account *with a right of survivorship*. The beneficiary or beneficiaries only receive the funds upon the death of the owner of the account or in the case of a multiple party account, the death of the last surviving owner. While the owner(s) are alive, the beneficiary(s) have no access or right to the funds. The owner(s) may change the POD beneficiary at any time during their lifetime. Changes in beneficiary designation(s) must be provided to the Credit Union in writing and signed by all account owner(s) then living on a form and in a manner acceptable to the Credit Union.

The funds in the account are transferred to the beneficiaries in equal proportion upon the death of the owner or in a multiple party account, the last surviving owner. The right of survivorship does not apply to the POD beneficiaries. If a beneficiary dies, the funds in the account are split equally among the beneficiaries that are alive when the owner or last surviving owner of a multiple party account dies. If no beneficiary survives the last owner, the estate of the last living owner is entitled to the funds. The POD designation may not be altered by will and the funds pass by operation of law, not as part of the estate of the owner or last surviving owner of the account.

A POD Beneficiary **may not be named** for corporate, unincorporated association, charitable or civic organization, partnership, joint venture of other business accounts, fiduciary or trust accounts where the relationship is not established solely by the terms of the account. A POD designation in a multiple-party account without the right of survivorship is ineffective.

The Credit Union, upon request, may pay sums in an account with a POD designation to: (1) one or more of the owners of the account; (2) the then living beneficiary or beneficiaries in equal shares, if proof of death of the last surviving owner is presented; or (3) a personal representative, or heirs of a deceased party where no personal representative exists, if proof is presented that the deceased party was the last surviving of all parties and other persons named on the account, including beneficiaries.

I hereby agree to the terms and conditions stated herein.

\_\_\_\_\_  
Member's Name (please print)

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Employee \_\_\_\_\_

Date \_\_\_\_\_

**Bridge Credit Union**

Email Address: memberinfo@bridgecu.org

Mailing Address: 1980 W. Broad Street, Mail Stop # 0000, Columbus, OH 43223

800.434.7300 ♦ Fax 614.466.5118 ♦ www.bridgecu.org