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Member Services Application/Change Request

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 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 also ask to see your driver's license or other identifying documents.

SUBSEQUENT ACTIONS

This form establishes additional account(s), changes ownership of existing account(s), changes owner's personal information and/or identifies new account service(s). The nature of the change(s) is/are marked below.

New Account Change Account Ownership of Existing Account(s) Change Owner Information New Account Service(s)

SELECT ACCOUNT/SERVICE TYPE

Account Type: Savings * Checking Money Market Christmas Club Certificate of Deposit

Account Service: ATM/Debit Card Telephone Teller Home Banking Online Bill Payment

* Please Note: Checking accounts are automatically set up with overdraft protection from your savings account.

TUTMA (as custodian for (minor) under the Texas Uniform Transfers to Minors Act) Minor's TIN/SSN _____
 Minor's Name _____ Date of Birth _____

CONVENIENCE ACCOUNT: The parties to the account own the account. One or more convenience signers to the account may make account transactions for a party. A convenience signer does not own the account. On the death of the last surviving party, ownership of the account passes as a part of the last surviving party's estate under the last surviving party's will or by intestacy. The Credit Union may pay funds in the account to a convenience signer before the Credit Union receives notice of the death of the last surviving party. The payment to a convenience signer does not affect the parties' ownership of the account.

Names of Convenience Signers: _____
 Signatures of Convenience Signers: _____

MEMBER INFORMATION

Account Number	Name (Last - First - Middle)	Date of Birth	Code
Mailing Address (Street and/or Apt. #)	Driver's License No.	SSN#/TIN	E-Mail Address
City - State - Zip	Home Phone	Cell Phone	
Occupation	Place of Employment	Date of Employment	Business Phone

ELIGIBILITY (Complete only when applying for membership)

How are you eligible for membership with Neighborhood CU?

Through my employer Dallas Community Ellis County
 I am related to a potential Neighborhood CU member Arlington Community. I am not a present or potential member of another Occupation or Association based Credit Union.
 Their name _____
 My relationship to them _____

SIGNER/OWNER INFORMATION

Signer Owner

Change of Legal Name of a Joint Owner Change of Address and/or Phone Number Add Joint Owner to Existing Account

Name (Last - First - Middle)	Date of Birth	Code
Mailing Address (Street and/or Apt. #)	Driver's License No.	SSN#/TIN
City - State - Zip	Home Phone	Cell Phone
Occupation	Place of Employment	Date of Employment
		Business Phone

SIGNER/OWNER INFORMATION

Signer Owner

Name (Last - First - Middle)	Date of Birth	Code
Mailing Address (Street and/or Apt. #)	Driver's License No.	SSN#/TIN
City - State - Zip	Home Phone	Cell Phone
Occupation	Place of Employment	Date of Employment
		Business Phone

PAYABLE ON DEATH ACCOUNT AGREEMENT

You agree with the Credit Union that the person(s) named below is (are) designated as P.O.D. payee(s). During your lifetime all funds on deposit in this account, including any earnings thereon, shall be owned by you and payment may be made upon your request. Upon your death (the death of the last survivor of you) all such funds shall be owned and payment shall be made at the request of any P.O.D. payee(s) surviving. Any payment upon your request or the request of any other party with the right to request payment discharges the Credit Union from any liability for such payments.

Payable on Death Payee(s)	Birth Date	Social Security Number
Payable on Death Payee(s)	Birth Date	Social Security Number

REMOVAL OF JOINT OWNER

Joint Owners listed below are deemed removed from all accounts listed above under the ACCOUNT TYPE section. Removal from an account terminates a Joint Owner's ownership of the account(s), including any membership share in the account(s). The termination of ownership rights does not affect the Joint Owner's liability to the Credit Union for any loan or other obligation. This removal changes the form of ownership for the account(s) listed under the ACCOUNT/SERVICE TYPE section to the form of ownership designated under Section 10.

Name of terminated Joint Owner: _____
 Name of terminated Joint Owner: _____

CERTIFICATION AS TO TAX (I.D.)

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (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. person (including a U.S. resident alien).

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

SIGNATURES

By signing below, you hereby make application for membership in Neighborhood Credit Union. You agree to subscribe to at least one share and to conform to its rules, regulations, bylaws, and policies now in effect and as amended or adopted hereafter. You understand that by your signature on this application, you can establish accounts/services listed at any future period of time by calling, writing or visiting any office to request the account/service. Ownership and Payable on Death (POD) Payee(s) as set forth on this application will be the same on any future accounts/services unless you complete a member services application for each account/service that you establish with different ownership and or POD payee(s).

By signing below, if applicable, you agree that the changes noted on this form amend, as indicated, previously signed forms.

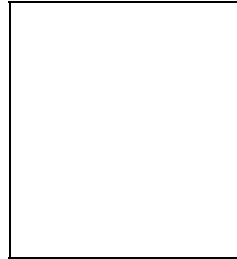
You further agree that you have read, you understand and acknowledge receipt of the Neighborhood Membership Agreement and Disclosures, Truth-in-Savings Disclosure and Rate and Fee Schedule. If an ATM, debit card, or other electronic access device is provided, you agree to the terms and acknowledge receipt of the Electronic Funds Transfer Regulation "E" Disclosure. If you have designated an account to be opened with one or more joint owners, then the account is a Joint Account with Right of Survivorship. On the death of one party to such account, all sums in the account on the date of the death shall vest in and belong to the surviving party as his or her separate property and estate. You understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in this account and/or agreement for any particular purpose. You authorize the credit union to check your credit and employment history, request and use reports regarding the same, and to answer questions about your credit experience. You understand that only the Primary Member may close the primary savings account. By signing below you agree to the terms and conditions of each of the agreements/disclosures applicable to the accounts and services elected above and any amendments the Credit Union makes from time to time which are incorporated herein.

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

Signature (each must sign) X	Date	Signature (each must sign) X	Date
Signature (each must sign) X	Date	Signature (each must sign) X	Date

THUMB PRINT IDENTIFICATION

For Notary Seal (or, use this area if credit union requires a thumb print identification)



FOR CREDIT UNION USE ONLY

Ownership: <input type="checkbox"/> Single <input type="checkbox"/> Joint with Rights of Survivorship <input type="checkbox"/> TUTMA <input type="checkbox"/> Corporation or LLC <input type="checkbox"/> Partnership General or LLP <input type="checkbox"/> Proprietorship <input type="checkbox"/> Convenience Accounts <input type="checkbox"/> Living Trust <input type="checkbox"/> Association <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Other _____	Service Type: * <input type="checkbox"/> Savings <input type="checkbox"/> Child Savings _____ <input type="checkbox"/> Christmas Club _____ <input type="checkbox"/> Teen Club _____ <input type="checkbox"/> Prize Savings _____ <input type="checkbox"/> Greener Grass Savings _____ <input type="checkbox"/> Telephone Teller _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Checking <input type="checkbox"/> Regular _____ <input type="checkbox"/> Advantage _____ <input type="checkbox"/> ADV 50+ _____ <input type="checkbox"/> FYI _____ <input type="checkbox"/> VISA/Debit _____ No. of Cards _____ <input type="checkbox"/> NCU Free Checking _____ <input type="checkbox"/> Fresh Start Checking _____ <input type="checkbox"/> Greener Grass Checking _____	<input type="checkbox"/> Money Market _____ <input type="checkbox"/> Certificate of Deposit _____	Copies Obtained: <input type="checkbox"/> Corporate or partnership resolution <input type="checkbox"/> Certificate of Affidavit of Trust <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Other _____
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Date	Opened By	Teller No.	Chex System Authorization Member _____ Jt _____ Jt _____
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Type of Identification _____ Number _____ Issued By _____
 Exp. Date _____ Verified By _____ On _____

State any discrepancy in the identity information provided above discovered through the identity process and the resolution of the discrepancy: _____