

CHANGE/ADD/DELETE AUTHORIZATION SUBACCOUNTS AND SERVICES



Please print all information legibly.

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 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 (and retain a copy of) your driver's license, passport or other identifying documents that will help us identify you. If we have difficulty verifying any Account holder's identity, we may not be able to open an Account or establish a relationship, or we may have to block or close the Account.

Name _____

Account Number _____

Add Subaccount(s)

Please complete this section to add additional subaccounts to the Account Number indicated above. Your initial deposit(s) may be made with cash, by check, by transfer from another Advancial account, debit card or credit card. Please complete an Account Funding Authorization form and return it with your application.

SAVINGS OPTIONS

	Minimum To Open	Initial Deposit
<input type="checkbox"/> Additional Savings	\$5	\$ _____
<input type="checkbox"/> Money Market Savings	\$2,500	\$ _____
<input type="checkbox"/> Premium Money Market Savings	\$100,000	\$ _____

CHECKING OPTIONS

	Minimum To Open	Initial Deposit
<input type="checkbox"/> Ultimate Checking	\$0	\$ _____
<input type="checkbox"/> Inbound USA Checking	\$0	\$ _____
<input type="checkbox"/> Dinero Checking (ages 13-18)	\$0	\$ _____

2 Checking Services

Opt In Opt Out **Overdraft Transfer Protection**
The Overdraft Transfer Protection service automatically transfers available funds from linked account(s) when you do not have sufficient funds to clear an item that is presented on your Checking Account. There is no per occurrence fee. Separate application and qualification required for True Line of Credit. Outstanding True Line of Credit balances are subject to interest charges. **Select the Account(s) to use for Overdraft Transfer Protection and indicate the order you want them to be used.**

Order	Primary Savings	Other Savings	True Line of Credit
1.	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

Opt In Opt Out **Save UpSM Program**
Use your Debit Card to make everyday purchases and Advancial will round up the change on the transaction to the nearest whole dollar. The difference will automatically transfer from your Checking account to your designated Savings account at the end of each business day.

Primary Savings Other Savings _____
Account Number and ID

Check Clear Courtesy Overdraft Privilege is an overdraft service that may pay items presented against your Checking Account when your Account balance is not sufficient to do so. Instead of returning the transaction to the merchant for non-sufficient funds (NSF), the item is paid and your Account is allowed to go negative. If Overdraft Transfer Protection from Savings service is linked to your Checking Account, Advancial will first attempt to transfer the amount from that overdraft transfer protection source. Please refer to the Account Services & Fee Schedule for applicable fees for this service. Check Clear is not available on the Dinero Checking Account.

By checking the first or second box below (check only one box), you agree that you have read and understand the What You Need to Know About Overdrafts and Overdraft Fees pre-disclosure and that if you are choosing to Opt-In to this service, you understand that you may revoke your opt-in at any time by notifying us.

Opt In Opt Out **Check Clear for Checks, ACH and Debit Card Transactions**
Covers the following transaction types: checks, automated or preauthorized electronic debits (ACH) and debit card transactions.

Opt In Opt Out **Check Clear for Checks and ACH Transactions Only**
Covers the following transaction types: checks and automated or preauthorized electronic debits (ACH). Debit card transactions **are not** included in this option.

3 Switch Account Types

Switch Savings ID No. _____ to: Regular Dinero Teens[®] Money Musketeers[®] Inbound USA Savings

Switch Checking ID No. _____ to: Ultimate Checking Inbound USA Checking Dinero Checking

4 Add or Replace Card(s)

Additional Debit/ATM Card _____
Name to appear on Card

Replacement Debit/ATM Card _____
Name to appear on Card

Replacement Credit Card _____
Name to appear on Card

CHANGE/ADD/DELETE AUTHORIZATION SUBACCOUNTS AND SERVICES

Please print all information legibly.



5 Update Account Access

Security Passphrase
You will be asked to provide your security passphrase when making inquiries on your account at a branch or through the Member Service Center. Your security passphrase should be kept confidential and should be treated with the same level of security as a PIN. Your account cannot be established unless a security passphrase is provided below.

Passphrase (maximum 20 characters including spaces)

Automated Teller Telephone Banking
All Accounts can receive free Automated Teller Telephone Banking access, which allows you to check your account balances and make transfers between your Checking, Savings and Money Market Accounts conveniently by phone.

To receive this service, select a Personal Identification Number (PIN) to access your Account through Telephone Banking. Your PIN must be between 6 to 10 digits in length.

6 Taxpayer Identification Number and Certification (Not for use with Trust Accounts)

Dividends earned on accounts may be considered taxable income and are subject to reporting to the U.S. Internal Revenue Service. Advancial uses the Substitute W-9 Form below to certify your taxpayer status. Dividend-bearing accounts are available only to individuals who have a valid taxpayer identification number and are eligible to certify their taxpayer status on the Substitute W-9 Form below. For tax reporting purposes, if you are not a U.S. citizen or other U.S. person, or if you are unsure of your taxable status, we recommend consulting a qualified professional before completing this section.

Full Legal Name (First, Middle, Last) *Name must match government-issued photo ID*

SSN or ITIN

Country of Citizenship

By signing below and under penalties of perjury, you certify that (1) the number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to you), and (2) you are not subject to backup withholding because (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, (3) you are a U.S. citizen or other U.S. person (including a U.S. resident alien), and (4) the Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) indicating that you are exempt from FATCA reporting is correct.

Certification Instructions: Check the first box below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Check the second box below and complete IRS Form W-8BEN if you are not a U.S. citizen or other U.S. person (including a nonresident alien). Item 4 above does not apply.

DO NOT CHECK UNLESS APPLICABLE. These selections do not apply to most persons. If you have questions, please contact us.

I am subject to backup withholding I am not a U.S. citizen or other U.S. person (including a nonresident alien)

7 Signatures

By signing below, I/we agree that the changes on this Authorization amend any previously signed Authorization and Membership and Account Application for the Account. Each person signing below ("you") certifies that the information provided in this application is accurate and complete, and you agree to promptly inform the Credit Union within 30 days of any changes to this information. In addition, you authorize the Credit Union to check your credit history, to request and use reports regarding the same, and to answer questions about its credit experience with you. You also acknowledge that the Credit Union reserves the right to limit services based on information provided by credit reporting agencies. The Credit Union may additionally restrict or deny services, including without limitation, electronic fund transfers services such as debit/ATM card and online Account access, if you become delinquent on an obligation to us, cause us a loss, or are abusive in the conduct of your affairs with the Credit Union. The Primary Member and the Joint Account Owner (if any), acknowledges receipt of and agrees to be bound by the Advancial Federal Credit Union Membership and Account Agreement, including without limitation the Funds Availability Policy and the Account Services and Fee Schedule. You also agree to be bound by any other instrument or agreement received or executed in connection with the opening or maintenance of any Advancial Federal Credit Union Account or service, together with all of the Credit Union's policies, procedures, rules, and bylaws as amended from time to time. If you have designated your Account to be opened as a Multiple Party Account with Right of Survivorship, then on the death of one owner to the Account, all sums in the Account on the date of death vest in and belong to each surviving owner as their separate property and estate. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Member Signature

Printed Name

Date

Joint Account Owner Signature

Printed Name

Date

Joint Account Owner Signature

Printed Name

Date