

# Member Service Agreement

Part 1



**KO'OLAU** Federal Credit Union

www.koolaufcu.org • 808-254-3566

6699 Mokapu Rd.  
Kailua, HI 96734  
151 Hekili St.  
Suite 101  
Kailua, HI 96734

Account #	Member's Last Name	Field of Membership	Date
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**OWNER INFORMATION** (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.) 1

Owner 1		ADR		C	S	Z
Ph(s) H	M	MAD		C	S	Z
E-Mail		SSN	DOB	ID		
Emplr		OCC		WPH	PW	

**SERVICE(S)** ATM Card Check Card Homebanking Windy Phone eMail Services 2

**MULTIPLE OWNER(S) INFORMATION** (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.) 3

Owner 2		ADR		C	S	Z
Ph(s) H	M	SSN	DOB	ID		
E-Mail		EMP	WPH	OC	PW	

Owner 3		ADR		C	S	Z
Ph(s) H	M	SSN	DOB	ID		
E-Mail		EMP	WPH	OC	PW	

Owner 4		ADR		C	S	Z
Ph(s) H	M	SSN	DOB	ID		
E-Mail		EMP	WPH	OC	PW	

**BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S)** (People or organizations that may receive funds remaining in the account(s) on the final owner's death.) 5

1	RL	2	RL	3	RL
4	RL	5	RL	6	RL

**TAX INFORMATION CERTIFICATION** By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding  Exempt  I am not a United States citizen or resident (complete W-8 form)

**ACKNOWLEDGMENT** Owner 1 is or applies to be a member of Ko'olau Federal Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures (and which, along with our records, comprise the terms of the MSA). Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 6 above).

Owner 1 Signature  Owner 2 Signature  Owner 3 Signature

Owner 4 Signature  I agree to be removed as an Owner

State of \_\_\_\_\_ in the county of \_\_\_\_\_ Notary \_\_\_\_\_

This Agreement was signed before me on \_\_\_\_\_ Commission Expires \_\_\_\_\_

by \_\_\_\_\_  
Name(s) of Owner(s)

N I FOM Credit/Acct Verification Page 1 of 2 Date 8

O|C|A|T

# Member Service Agreement

Part 1 • P2



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Account #	Member's Last Name	Field of Membership	Date
<b>ACCOUNT(S)</b>			2

**MULTIPLE OWNER(S) INFORMATION** (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.) 3

Owner 5		ADR		C	S	Z
Ph(s) H	M	SSN	DOB	ID		
E-Mail		EMP	WPH	OC	PW	
Owner 6		ADR		C	S	Z
Ph(s) H	M	SSN	DOB	ID		
E-Mail		EMP	WPH	OC	PW	
Owner 7		ADR		C	S	Z
Ph(s) H	M	SSN	DOB	ID		
E-Mail		EMP	WPH	OC	PW	

**TRANSACTION(S) 1 2 or INFORMATION USER(S) 1 2** (A transactor may conduct transactions, and an information user may access information, on behalf of the owner(s)) 4

Name 1		RL	ADR	C	S	Z
Ph(s) H	M	SSN	DOB	ID		
E-Mail		EMP	WPH	OC	PW	
Name 2		RL	ADR	C	S	Z
Ph(s) H	M	SSN	DOB	ID		
E-Mail		EMP	WPH	OC	PW	

**BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S)** (People or organizations to receive the funds held in the account(s) on the death of the final owner.) 5

7	RL	8	RL	9	RL
10	RL	11	RL	12	RL

**ACKNOWLEDGMENT** Owner 1 is or applies to be a member of Ko'olau Federal Credit Union ("we", "us" & "our"), or is authorized to *take action*, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures, and which, along with our records, comprise the terms of the MSA. Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, a transactor may conduct transactions on accounts, products and services, and an information user may access information about accounts, products and services, as explained in Part 2 of this MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, using any account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. *The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding* (in Section 6 on page 1).

Owner 1 Signature <input type="text"/>	Owner 2 Signature <input type="text"/>	Owner 3 Signature <input type="text"/>	Owner 4 Signature <input type="text"/>
Owner 5 Signature <input type="text"/>	Owner 6 Signature <input type="text"/>	Owner 7 Signature <input type="text"/>	Transactor or Info User 1 Signature <input type="text"/>
Transactor or Info User 2 Signature <input type="text"/>	I agree to be removed as a Owner, Transactor or Information User <input type="text"/>		
State of _____ in the county of _____, Notary _____			
This Agreement was signed before me on _____ Commission Expires _____			
by _____			
Name(s) of Owner(s), Transactor(s), Information User(s) <input type="text"/>			