

ADD JOINT OWNER FORM

Applicable To Savings and Checking Products Only

Owner Info	Primary Owner Name (required) _____ FIRST NAME, MIDDLE INITIAL, LAST NAME	Account Number(s) (required) _____ _____
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Add Joint Owner 1	ADD A JOINT OWNER (Joint owner must be age 18 or older)		
	Include originals or true copies of identification for new Joint Owner. (Valid U.S. Driver's License, U.S. Passport)		
	Print Joint Owner's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Name MI Last Name </div>		
	Date of Birth _____ / _____ / _____	Social Security Number _____ - _____ - _____	<input type="checkbox"/> Issue new Check Card
	Residential Address (Street, Apt #, City, State, ZIP)		
	Home Phone: ()	Cell Phone: ()	Business Phone: ()
	Home Email Address:	Business Email Address:	Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S. <input type="checkbox"/> Resident Alien
	Security: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Security Code / Mother's Maiden Name PIN (alphanumeric required / Min. 6 characters in length) </div>		

Add Joint Owner 2	ADD A JOINT OWNER (Joint owner must be age 18 or older)		
	Include originals or true copies of identification for new Joint Owner. (Valid U.S. Driver's License, U.S. Passport)		
	Print Joint Owner's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Name MI Last Name </div>		
	Date of Birth _____ / _____ / _____	Social Security Number _____ - _____ - _____	<input type="checkbox"/> Issue new Check Card
	Residential Address (Street, Apt #, City, State, ZIP)		
	Home Phone: ()	Cell Phone: ()	Business Phone: ()
	Home Email Address:	Business Email Address:	Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S. <input type="checkbox"/> Resident Alien
	Security: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Security Code / Mother's Maiden Name PIN (alphanumeric required / Min. 6 characters in length) </div>		

Signature Authorization	Under penalty of perjury, I certify that: I hereby comply with the bylaws, terms and conditions of the Truth in Savings Disclosure and Membership Agreement, any amendments, and all other agreements and disclosures which may change from time to time. I am applying for membership with USALLIANCE and certify that all information provided is true and correct. If applicable and if I am of legal age, do hereby authorize USALLIANCE to investigate my creditworthiness, employment and income.	
	Certification of Taxpayer Identification Number: 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 (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 interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding and 3.) I am a U.S. Citizen or U.S. Resident Alien 4.) The FATCA code(s) entered on this form (if any) indicate that I am exempt from FATCA reporting is correct. 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 have failed to report all interest and dividends on your tax return. By crossing out item 2, you certify that the language related to underreporting does not apply. If you are not a U.S. Citizen or Resident Alien, complete a W-8 BEN to certify foreign status. If a W-8 BEN is completed, your signature does not serve to certify this section.	
	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ The Internal Revenue Service does not require consent to any provisions of this document other than the certification required to avoid backup withholding.	
	Joint Owner 1 Signature X _____ Date _____	Joint Owner 2 Signature X _____ Date _____
	Primary Owner Signature (required) X _____ Date _____	

For Credit Union Use Only: Signature verified by: _____ Maintenance by: _____ Date: _____ Reviewed by: _____ Date: _____ Member Number: _____ Account Numbers: _____
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