



REQUEST TO OPEN ADDITIONAL CONSUMER ACCOUNT CHECKLIST

HELP US PROCESS YOUR REQUEST TO OPEN ADDITIONAL ACCOUNTS FASTER BY PROVIDING A FEW THINGS TO GET STARTED:

- Print and complete a Request to Open Additional Consumer Account form located on becu.org.
- Gather the required documents and information (see below).
- Return the completed form and required documents and information by one of the following:
 - In person to any BECU location
 - Fax to **206.805.5612**
 - Mail to: **BECU**
Attn: Account Servicing
PO Box 97050
Seattle, WA 98124

(Note: If returning form by fax or mail, please provide a photocopy of the required documents including photocopies of identification from all required signers.)

Here's helpful information about opening additional accounts:

- We will apply automatic overdraft transfers from your line of credit (if you have one), then from your savings account, if you don't have a line of credit. Please submit a written request if you want to make a different designation for how automatic overdraft transfers will be applied.
- This form is used by existing members to open additional accounts. For new membership accounts or to re-establish membership, use the Membership Application form located on becu.org.
- If the roles on the new account will not be identical to the roles on an existing account, all account holders must sign.
- For minor accounts, a parent or guardian must be a joint account holder.
- If the minor is too young to sign the application, the parent must write the minor's name, then "by (parent's signature), (relationship to the minor)."

FOR JOINT ACCOUNT HOLDERS, WE WILL NEED:

- Ownership type – Joint Account With or Without Right of Survivorship
- Complete personal information for the account holder(s) and indicate if a debit card(s) should be issued

Here's helpful information regarding Joint Account With or Without Right of Survivorship:

- Joint accounts will automatically be set up as joint accounts with right of survivorship unless you designate otherwise at the time of account setup. See the BECU Account Agreements located on becu.org for more details.
- It's a good idea to talk with a trusted advisor, such as your lawyer to be sure that the account you establish will be treated as you intend it to be.

FOR DESIGNATING BENEFICIARIES, WE WILL NEED:

- Complete personal information for the person being designated as beneficiary

FOR CHECK ORDERS, WE WILL NEED:

- Information to be printed on the check

Here's helpful information about ordering checks:

- The information requested must match the account information for the account listed.
- Check prices are set by Deluxe and can change without notice. Visit deluxe.com/checks to view designs. Contact us to confirm accurate check prices because they may vary.
- Please include payment if you're returning the form by fax or mail and a request for checks is included.
- If no design is selected, you will receive the BECU Exclusive check design. Additional fees apply.
- For Money Market accounts, Exclusive Money Market design will be issued at no charge.

WHAT'S NEXT?

Thank you for providing the requested information and documentation. Once we have received your request, a representative may contact you to review the information provided. We may need additional information to complete your request.

If you have any questions, please contact a BECU representative at **800.233.2328**.

REQUEST TO OPEN ADDITIONAL CONSUMER ACCOUNT



Questions? Please contact us at **800.233.2328**. This form cannot be used to establish membership.

1. Member Information

PRIMARY MEMBER NAME					BECU USE ONLY Person #:	
CURRENT SAVINGS ACCOUNT NUMBER			PRIMARY SOCIAL SECURITY NUMBER (SSN) / TAXPAYER ID NUMBER (TIN)			
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME		
STREET ADDRESS (required)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
MAILING ADDRESS (if different than above)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED		
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed			EMAIL ADDRESS			
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)			EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)			

Ownership type:
 Joint Account with Right of Survivorship (JWROS). Upon the death of the Primary or Joint Account Holder, that person's interest in the joint account becomes the property of the surviving account owner.
 Joint Account without Right of Survivorship (JWOROS). Upon the death of the Primary or Joint Account Holder, that person's interest in the account becomes the property of the account beneficiary (Payable On Death designees), or the deceased owner's estate.

JOINT NAME (1)			SSN / TIN		BECU USE ONLY Person #:	
HOME PHONE	MOBILE PHONE	DATE OF BIRTH	DESIGNATED PERCENTAGE (JWOROS only)	MOTHER'S MAIDEN NAME		
STREET ADDRESS (required)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
MAILING ADDRESS (if different than above)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	DATE ISSUED	EXPIR. DATE	STATE & COUNTRY ISSUED		
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed			EMAIL ADDRESS			
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)			EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)			

JOINT NAME (2)			SSN / TIN		BECU USE ONLY Person #:	
HOME PHONE	MOBILE PHONE	DATE OF BIRTH	DESIGNATED PERCENTAGE (JWOROS only)	MOTHER'S MAIDEN NAME		
STREET ADDRESS (required)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
MAILING ADDRESS (if different than above)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	DATE ISSUED	EXPIR. DATE	STATE & COUNTRY ISSUED		
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed			EMAIL ADDRESS			
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)			EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)			

2. Designate Beneficiaries (Not valid for IRAs.) (Continued on the next page.)

Note: Beneficiary designations made here will be applied to all of the accounts opened with this Request to Open Additional Consumer Account form.

BENEFICIARY NAME (1)		SSN / TIN		PHONE	DATE OF BIRTH
STREET ADDRESS		CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

2. Designate Beneficiaries (Not valid for IRAs.) (Continued from the previous page.)

BENEFICIARY NAME (2)		SSN / TIN	PHONE	DATE OF BIRTH
STREET ADDRESS		CITY	STATE / PROVINCE	ZIP / POSTAL CODE
				COUNTRY

3. Account Type

Select all that apply

Savings Account
 Issue new ATM card for: Primary account holder Joint account holder (1) Joint account holder (2)

Checking Account
 Issue new debit card for: Primary account holder Joint account holder (1) Joint account holder (2)

Money Market Account
 Issue new ATM card for: Primary account holder Joint account holder (1) Joint account holder (2)

CD
 How many months? _____ Add-To Option (complete Account to Account Transfer form)
 Close out CD upon maturity Transfer interest to another account
 Deposit funds to account number: _____ Post to account number: _____

4. Request Checks

Indicate information to print on checks

My name Joint account holder (1) Joint account holder (2) Address Home phone Mobile phone

Check design: BECU Exclusive design Other design: _____

5. Agreements and Signatures

(1) You have received, read, understood and agree to all of the terms and conditions contained in the Boeing Employees' Credit Union Account Agreements, BECU's Privacy Notice, Regulation D Explanation, and BECU's Consumer Account Disclosure, all as amended to date and all of which you will retain for your records; (2) Issuance of each ATM and/or Debit Card or other access device is specifically requested; (3) The information you have given in this application is complete, true, and submitted for the purpose of opening a deposit account with BECU now and/or later. You understand that we may rely on this information in our dealings with you now and in the future, and that it is a federal crime to willfully and deliberately provide incomplete or incorrect information to a state chartered credit union insured by the NCUA; (4) BECU may accept any order and instruction regarding the account(s) and any request for future services from the Primary or any Joint Account Holder(s) without the consent of or notice to the other Account Holder(s); (5) By selecting a Checking Account, you authorize BECU to debit the cost of the checks from your Checking Account at the time of the check order; (6) BECU may make inquiries necessary to evaluate your applications and to conduct periodic reviews of your BECU accounts, including ordering a credit report, and you instruct BECU to obtain and use such information in determining to notify you about other products and services. You agree that we may tell others about our credit experience with you, and may report information about your accounts to credit bureaus. Late payments, missed payments, or other defaults on your accounts may be reflected in your credit report; (7) All of the credit or other information concerning you that BECU may obtain now or in the future will be compiled, stored, and used in accordance with BECU's Privacy Notice as amended from time to time; (8) By providing your email address, you agree that BECU may send marketing material to you electronically; (9) BECU and its service providers may contact you for non-marketing purposes at any telephone number you provide. BECU may use automated telephone dialing, text messaging systems, and electronic mail to contact you. The telephone messages are played by a machine automatically when the telephone is answered and may be recorded by your answering machine. Standard data and message rates may apply and you agree that BECU will not be liable for such fees. You agree to update us promptly when your telephone number changes. At any time, you may update such information or revoke your consent to receive non-emergency calls or text messages at a telephone number assigned to a wireless device (or any service that charges on a per-call basis) by contacting us at 800.233.2328 or other reasonable means.

Signatures

PRIMARY MEMBER SIGNATURE	DATE
JOINT ACCOUNT HOLDER SIGNATURE (1)	DATE
JOINT ACCOUNT HOLDER SIGNATURE (2)	DATE

As primary member and/or joint account holder, I personally verified and confirmed all information displayed in section 1 on the first page of this form and sections 2 through 4 on the first and second page of this form. All such information is accurate, complete, and true, and BECU may rely on such information in BECU's dealings with me.

PRIMARY MEMBER INITIAL	JOINT ACCOUNT HOLDER INITIAL	JOINT ACCOUNT HOLDER INITIAL
BECU Use Only	NEW ACCOUNT NUMBERS:	DATE
		REP
		<input type="checkbox"/> ID Verified <input type="checkbox"/> QualiFile®

If form is not submitted electronically, please return completed and signed form to:
 BECU MS 1094-2, PO Box 97050, Seattle, WA 98124-9750 or fax to 206.805.5612