



2150 Trade Zone Blvd., Ste. 200, San Jose, CA 95131 • (888) 255-3637

Member #

New Account

Existing Account Change

**Consumer Account Application and Signature Card**

Please complete electronically, type, or print legibly in dark ink. Statements will be addressed to the Member associated with the account opened on this Account Application and Signature Card (“Application” or “Card”). “Owner” refers to the Member or any Joint Owner identified on this Card. “Agent” refers to a person such as an attorney-in-fact for an Owner who does not have an ownership interest in the Account.

**All accounts opened under this Consumer Account Application and Signature Card will be opened with the same owners, vesting and beneficiary(ies) as indicated below. Under 18, must have adult joint owner.**

**SHARE ACCOUNT TYPE**

Account Descr:

Account Descr:

Account Number:

Account Number:

Account Descr:

Account Descr:

Account Number:

Term      Month(s)

Account Number:

Account Descr:

Account Descr:

Account Number:

Term      Month(s)

Account Descr:

Account Number:

Account Number:

**OWNERSHIP TYPE**

**ACCOUNT TITLE AND ADDRESS**

Individual

Joint Account

**OWNER INFORMATION**

**MEMBER (Required)**

First Name	Middle Name	Last Name	Taxpayer ID/SSN	Date of Birth
Residential Address		Apt/Ste	City	ST      Zip Code
Mailing Address (if different)		Apt/Ste	City	ST      Zip Code
ID Type	State/Country	ID Number	Issue Date	Exp Date
Mobile Phone	Home Phone	Work Phone	Email	
Employer Name	Occupation			

**JOINT OWNER 1** (optional)

First Name	Middle Name	Last Name	Taxpayer ID/SSN	Date of Birth
Residential Address		Apt/Ste City		ST Zip Code
Mailing Address (if different)		Apt/Ste City		ST Zip Code
ID Type	State/Country	ID Number	Issue Date	Exp Date
Mobile Phone	Home Phone	Work Phone	Email	
Employer Name	Occupation			

**JOINT OWNER 2** (optional)

First Name	Middle Name	Last Name	Taxpayer ID/SSN	Date of Birth
Residential Address		Apt/Ste City		ST Zip Code
Mailing Address (if different)		Apt/Ste City		ST Zip Code
ID Type	State/Country	ID Number	Issue Date	Exp Date
Mobile Phone	Home Phone	Work Phone	Email	
Employer Name	Occupation			

**JOINT OWNER 3** (optional)

First Name	Middle Name	Last Name	Taxpayer ID/SSN	Date of Birth
Residential Address		Apt/Ste City		ST Zip Code
Mailing Address (if different)		Apt/Ste City		ST Zip Code
ID Type	State/Country	ID Number	Issue Date	Exp Date
Mobile Phone	Home Phone	Work Phone	Email	
Employer Name	Occupation			

**AGENT (If Applicable)** (For example, Power of Attorney)

First Name	Middle Name	Last Name	Taxpayer ID/SSN	Date of Birth
Residential Address		Apt/Ste	City	ST Zip Code
Mailing Address (if different)		Apt/Ste	City	ST Zip Code
ID Type	State/Country	ID Number	Issue Date	Exp Date
Mobile Phone	Home Phone	Work Phone	Email	
Employer Name	Occupation			

**OWNERSHIP AND CONTROL OF ACCOUNTS**

If one or more joint owners are listed, this Account will be a joint account with right of survivorship. Each Owner will own all funds in the account with right of survivorship regardless of contributions to the Account. Any Owner can, acting alone, withdraw all funds from or otherwise give instructions to KeyPoint on this Account, subject to limits imposed by law. Withdrawal of funds by any Owner terminates the rights of any other Owner(s) to those funds. Upon the death of an Owner of a joint account, ownership of the funds passes to the surviving Owner(s).

**PAY ON DEATH BENEFICIARIES (optional)**

The following beneficiary(ies) is/are to receive the proceeds of this Account at the death of the Owner(s). On joint accounts, funds pass to the beneficiary(ies) only at the death of the last Owner. If more than one beneficiary is named, proceeds will be shared equally unless different percentages are indicated. If equal shares are desired, leave "percentage" fields blank. If percentages are indicated, they must add up to 100.

**BENEFICIARY 1**

First Name	MI	Last Name	Taxpayer ID/SSN	Date of Birth	Relationship
Residential Address		Apt/Ste	City	ST Zip Code	Percentage

**BENEFICIARY 2**

First Name	MI	Last Name	Taxpayer ID/SSN	Date of Birth	Relationship
Residential Address		Apt/Ste	City	ST Zip Code	Percentage

**BENEFICIARY 3**

First Name	MI	Last Name	Taxpayer ID/SSN	Date of Birth	Relationship
Residential Address		Apt/Ste	City	ST Zip Code	Percentage

**BENEFICIARY 4**

First Name	MI	Last Name	Taxpayer ID/SSN	Date of Birth	Relationship
Residential Address		Apt/Ste City	ST	Zip Code	Percentage

**SIGNATURES**

By signing this Card and depositing required funds, the person(s) signing below (“I,” “me”) apply for the Account indicated and (a) acknowledge receipt of the KeyPoint Credit Union (“KeyPoint”) Member Handbook, Truth in Savings Disclosure, and Privacy Policy and agree to the terms as amended from time to time upon legally required notice; (b) agree KeyPoint may check my credit and account history to determine eligibility for the Account; and (c) agree KeyPoint and any third-party representative of KeyPoint (each a KeyPoint Party) can, at any time and for any lawful purpose related to my KeyPoint services, contact me at any telephone number I provide any KeyPoint Party using live representatives or automated dialers and leave live, pre-recorded, or text messages with any answering device or service associated with the number. I warrant to KeyPoint Parties that I am the subscriber of or have permission to authorize KeyPoint Parties to contact me at any telephone number I provide to any KeyPoint Party and agree to defend and hold KeyPoint Parties harmless from any claims asserted as a result of any KeyPoint Party contacting or attempting to contact me at any telephone number I have provided to any KeyPoint Party. If I sign and submit this Card to KeyPoint electronically, it will have the same legally binding effect as my original hand-written signature. The singular implies the plural if more than one person signs this Card.

I AGREE THAT IF I OWE KEYPOINT MONEY AND DO NOT PAY AS AGREED, KEYPOINT CAN, TO THE FULL EXTENT ALLOWED BY LAW AND THE GOVENRING SHARE AGREEMENT, TAKE ANY KEYPOINT SHARES IN WHICH I HAVE A PRESENT INTEREST TO RECOVER ALL OR PART OF MY DELINQUENT OBLIGATION WITHOUT NOTICE TO ME AND WITHOUT WAIVING ANY OTHER RIGHTS OR REMEDIES TO COLLECT MY DEBT.

Member Owner Signature	Date		
Joint Owner 1 Signature	Date	Joint Owner 2 Signature	Date
Joint Owner 3 Signature	Date	Agent Signature (if applicable)	Date

<b>CREDIT UNION USE ONLY</b>			
Account(s) Open/Revised By	Date	Manager/Supervisor Approval	Date
Chex Systems/IDV Completed	OFAC	This account agreement supersedes all previous account agreements for the account numbers listed on this document only.	
Reason:			

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