

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
 - (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (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 all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 - (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
 - (4) The FATCA code(s) entered on this form (if any) indicating 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. Complete a W-3 BEN if you are not a U.S. person. If a W-3 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit: _____ ATM Card: _____
- Overdraft Protection (Indicate transfer priority): _____ Debit Card: _____
- _____ Audio Response: _____
- PC Access/Internet Banking: _____ Other: _____

ACCOUNT DESIGNATIONS

- Payable on Death (POD) Account
- All Accounts Designate Specific Accounts: _____

POD Payer: _____ POD Payee: _____
 Street: _____ Street: _____
 City/State/Zip: _____ City/State/Zip: _____

Convenience Account

Print Name of Convenience Person: _____
 Signature: _____ Date: _____

back page

1 top

- All Accounts Designate Specific Accounts: _____
- Personal Custodian Account (as custodian for _____)
- Other: _____ See Account Authorization Card

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section (share held by the custodian(s) named below for _____ (Minor) _____ (Minor's SSN/TIN) under the Maryland Uniform Transfers to Minors Act.

Custodian 1 - Name: _____
 Custodian's Address: _____
 Phone: _____ Date of Birth: _____ SSN/TIN: _____

Custodian 2 - Name: _____
 Custodian's Address: _____
 Phone: _____ Date of Birth: _____ SSN/TIN: _____

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Maryland Uniform Transfers to Minors Act, I hereby designate _____ successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

Signature of Custodian: _____ Date: _____
 Witness: _____ Date: _____

FOR CREDIT UNION USE ONLY

- See Account Change Card See Insurance Beneficiary Card
- Date of Membership: _____ Opened/App'd by: _____ Member Verification: _____
- Credit Report Check Verify PIN Request
- Access Card Audio Response PC Access/Internet Banking

2 bottom