

Account Number	Name	For Credit Union Use Only
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Master Account Access Agreement (Including Credit Line Access)

The Credit Union is hereby directed to accept any of the signatures of a joint owner reflected on this agreement as authorization for the payment of funds or the transaction of any business on all share, checking, and certificate accounts and lines of credit associated with the master account number indicated above but excluding Retirement Accounts (IRAs).

The member and joint owner(s) agree to conform to the bylaws of the Credit Union and agree to the terms, conditions, and fee schedules established by the Credit Union from time to time for any accounts associated with this master account number. The member and joint owner(s) agree with each other and with the Credit Union that any joint owner may establish verbally or in writing additional accounts associated with this master account number. All accounts covered by this agreement shall be subject to withdrawal or receipt by any of the joint owner(s), regardless of their net contributions, and payment to any of them, or the survivor or survivors for joint accounts, shall be valid and shall discharge the Credit Union from any further liability for such payment.

The member, and any joint owner, is authorized to access the accounts associated with this master account number, including any credit line loan established with this account where applicable, by any means made available or approved by the Credit Union. The member and joint owner(s) agree that the Credit Union is authorized to charge, at any time, against any account associated with this master account number, any indebtedness owing to the Credit Union by any joint owner.

By this agreement, to the extent permitted by law, all parties fully release Global Federal Credit Union, its officers and employees from any and all liability or claim for loss of funds resulting from any transaction by or through any member or joint owner.

Each of the joint owners appoints the other his or her attorney in fact to sign or endorse all withdrawal slips, checks or drafts to be cashed or deposited and to access the accounts associated with this master account number by debit card(s) or by any other means approved by the Credit Union.

Any and all of the joint owners agree and acknowledge that they are pledging all or any part of funds in the accounts associated with this master account number as collateral security for any loan or loans with the Credit Union. A pledge of shares by any one joint owner is binding on all joint owners.

Joint owners as designated on a replacement Master Account Access Agreement supersede all previous joint owners on the account. In lieu of execution of a replacement Master Account Access Agreement, any joint owner except the member may voluntarily delete his/her own name by written request. By this action, the subject joint owner agrees to surrender to the member or otherwise destroy all checks and access devices in their possession that are applicable to the account and further agrees that any use of these checks or access devices by the subject joint owner on or after the date of the written request for removal will immediately invalidate such request and reinstate his/her joint status.

In addition, the member and other joint owners agree that all sums now paid on any account, or which may be paid in on such accounts in the future, by any or all of the joint owners to their credit as such joint owners, together with all earnings and other additions, are and shall be owned by them jointly and equally with the right of survivorship regardless of their net contributions. The Credit Union will not inquire as to the source of funds received for deposit to a joint account or as to the proposed use of any sums withdrawn from the account for purposes of establishing net contributions.

The Credit Union reserves the right to perform a credit check or obtain a credit report applicable to the member or joint owner at any time. All joint owners agree to read the separate Share Account Disclosure Statement, upon receipt, which contains specific account information all of which is fully incorporated by reference herein.

This Master Account Access Agreement is accepted at the headquarters of Global Federal Credit Union in Anchorage, Alaska, and all accounts are governed and controlled by the laws of the United States and the applicable laws of the state of Alaska.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

NONRESIDENT ALIEN JOINT OWNERS ONLY: By my signature, I certify that I am not a U.S. citizen or a U.S. resident alien and that I have completed and submitted Form W-8BEN.

x			
Member Signature	Printed Name: Title (optional), First, MI, Last, Suffix	Date	
x			
Joint Owner ⁽¹⁾ Signature	Printed Name: Title (optional), First, MI, Last, Suffix	SSN	
Mailing Address	City	State or Country	Zip Code +4
x			
Joint Owner ⁽²⁾ Signature	Printed Name: Title (optional), First, MI, Last, Suffix	SSN	
Mailing Address	City	State or Country	Zip Code +4
x			
Joint Owner ⁽³⁾ Signature	Printed Name: Title (optional), First, MI, Last, Suffix	SSN	
Mailing Address	City	State or Country	Zip Code +4

Removal of Joint Owner(s)

Remove all joint owners from this account. I have read and understand my responsibilities in this matter as described above.

Member Signature⁽⁴⁾ X Date _____

Remove me as a joint owner from this account. I have read and understand my responsibilities in this matter as described above.

Joint Owner Signature⁽⁵⁾ X Date _____

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Mbr. I.D. St. _____ Type _____ # _____ Exp. _____	I.D. ⁽¹⁾ St. _____ Type _____ # _____ Exp. _____		
I.D. ⁽²⁾ St. _____ Type _____ # _____ Exp. _____	I.D. ⁽³⁾ St. _____ Type _____ # _____ Exp. _____		
I.D. ⁽⁴⁾ St. _____ Type _____ # _____ Exp. _____	I.D. ⁽⁵⁾ St. _____ Type _____ # _____ Exp. _____		

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Payable On Death Beneficiary Designation

Only the primary member may designate account beneficiaries. Select the beneficiary type, then enter the name, date of birth (if the beneficiary is an individual), Tax Identification Number (Social Security Number, Individual Tax Identification Number, or Employer Identification Number), and address of each designated beneficiary. If there is more than one beneficiary, the funds will be distributed in equal shares among the beneficiaries.

Beneficiary Type: ☐ Individual Person ☐ Entity (trust, estate, charity, etc.)

Name (First, MI, Last, Suffix) Date of Birth SSN / ITIN / EIN

Mailing Address City State or Country Zip Code +4

Beneficiary Type: ☐ Individual Person ☐ Entity (trust, estate, charity, etc.)

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Beneficiary Type: ☐ Individual Person ☐ Entity (trust, estate, charity, etc.)

Name (First, MI, Last, Suffix) Date of Birth SSN / ITIN / EIN

Mailing Address City State or Country Zip Code +4

Accounts funds are payable only upon the death of the member and all other joint owners of the account to the surviving designated beneficiaries in equal shares. Individual Retirement Accounts (IRAs) are not included in this designation as those beneficiaries are specifically designated within the IRA Custodial Application.

Member Signature: _____ Date: _____

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Mbr. I.D.	St. _____	Type _____	# _____ Exp. _____