



MEMBERSHIP ACCOUNT CARD

Membership # _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 you to identify me. We may also ask to see your drivers license or other identifying documents.

MEMBER INFORMATION

Name	Social Security No.	Identification Number	State	Issue Date	Expiration Date	Date of Birth	E-mail Address
Street Address	City	State	Zip Code	Contact Phone#	Work Phone #	Profession/Job Title	

JOINT OWNER INFORMATION

Name	Social Security No.	Identification Number	State	Issue Date	Expiration Date	Date of Birth	Profession/Job Title
Street Address	City	State	Zip Code	Contact Phone#	Work Phone #	E-mail Address	

Name	Social Security No.	Identification Number	State	Issue Date	Expiration Date	Date of Birth	Profession/Job Title
Street Address	City	State	Zip Code	Contact Phone#	Work Phone #	E-mail Address	

ACCOUNT NUMBER(S)

BENEFICIARY INFORMATION

Upon death of the last account owner the following individual(s) become(s) Beneficiary or Beneficiaries. Distribution will be made equally unless indicated differently below. Between POD payees, there is no right of survivorship. If additional POD payees are desired, attach a separate piece of paper to this Account Card. The POD designation set forth below shall govern all accounts opened under this Account Card. If you wish to change the POD designation, you understand and agree that you must execute a new Account Card.

Percentage	Date of Birth						
Name	Social Security No.	Street Address	City	State	Zip Code		

Percentage	Date of Birth						
Name	Social Security No.	Street Address	City	State	Zip Code		

DEBIT/ATM CARD(S)

Debit/ATM Cards are subject to Terms and Condition as outlined in the Denali. A Division of Nuvision Credit Union Electronic Funds Transfer agreement and Disclosure. Debit Cards are issued to accounts having both a checking and savings account. ATM cards are issued to accounts with savings only

Card Requested For: Primary Owner Joint Owner

CHECKING OVERDRAFT PROTECTION

You authorize the Credit Union to cover any overdraft by a transfer of funds from other accounts owned by you to your checking account, in the order indicated below and in accordance with the terms and conditions of the Membership and Account Agreement Disclosure which are incorporated herein by this reference. You will refer to the Schedules of Fees and Charges for applicable fees and transfer limitations.

Please transfer funds from the following accounts in the order indicated below (place 1, 2 or 3 next to each account type. If not applicable, write N/A).

Transfer from my Savings - Account Number _____

Transfer from my Money Market - Account Number _____

Advance from my Line of Credit up to my credit limit, subject to the terms and conditions of that account, such sum(s) as established by Denali. A Division of Nuvision Credit Union from time to time.

Do not provide overdraft protection from any of my accounts.



MEMBERSHIP ACCOUNT CARD

Membership # _____

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

PART I Taxpayer Identification Number (TIN)

I agree to enter my TIN in the appropriate box. For individuals, this is my Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, I will refer to the Part I instructions on page 3 of Internal Revenue Service (IRS) form W-9. For other entities, it is my employer identification number (EIN). If I do not have a number, I will refer to **How to get a TIN** on page 3 of IRS form W-9.

Note: If the account is in more than one name, I will refer to the chart on page 4 of IRS form W-9 for guidelines on whose number to enter.

Social Security Number or Employer Identification Number

PART II Certification

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 to me); 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 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; and
- (4) I am exempt from FATCA reporting.
- (5) If this box is checked, the above 1-4 of the Tax Certification do not apply because (a) I am not a United States person or (b) I am an individual and am neither a citizen nor a resident of the United States. I will complete the IRS form W-8BEN (c) if this is not checked, I am a U.S. person. (including a U.S. resident alien).

Certification instructions. I agree to cross out item (2) above if I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest and dividends on my tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, I am not required to sign the certification, but I must provide my correct TIN. I will refer to the instructions on page 3 of IRS form W-9.

The IRS does not require my consent to any provision of this document other than the certifications required to avoid backup withholding. Sign Here

Signature of U.S. Person _____

Agreements and Signatures

In this Account Card, "I," "me" and "my" mean each and every person who signs below. "You" and "your" mean Denali. A Division of Nuvision Credit Union dba Nuvision Credit Union. If I currently am not a member, I hereby make application for membership in the Credit Union and certify that I am within the Credit Unions field of membership. I agree that you may retain this Account Card and any other information you may receive. By signing below, I agree:

- (1) That the information provided in this Account Card is accurate, complete and true and the Credit Union may rely on the information in its dealings with me;
- (2) That I will promptly notify you of any changes in my name, address, or employment;
- (3) That you are authorized to verify financial information, data and employment history by any necessary means, including obtaining a consumer report from any consumer reporting agency. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my account and/or in connection with making future credit opportunities available to me;
- (4) That you are authorized to give information concerning your experience with me to others; and
- (5) That I will conform to your bylaws as well as all terms and conditions set forth in the Agreements & Disclosures, Rate Schedule, and Schedule of Fees & Charges, including any amendments thereto (receipt of which is hereby acknowledged and which is incorporated by this reference).

I understand and agree that this Account Card shall only govern the accounts opened under the Membership Number set forth above. I agree to execute additional signature card(s) to open other account(s) with you.

Member Signature	Date	Joint Signature	Date	Joint Signature	Date
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CREDIT UNION USE ONLY

NEW ACCOUNT QUESTIONNAIRE					
Source of funds open account (i.e. Cash, Check ACH): _____			Average Household Income: \$ _____		
Future transactions will consist of (all that apply):					
<input type="checkbox"/> Cash (if less than \$3000 then N/A)		<input type="checkbox"/> Wire (if less than \$3000 then N/A)		<input type="checkbox"/> ACH	
				<input type="checkbox"/> Check	
				<input type="checkbox"/> Direct Deposit	
ACCOUNT OPENED BY:			SUPERVISOR/ MANAGER APPROVAL		
_____ Employee # Employee Date			_____ Approved by Date		

DENALI. A DIVISION OF NUVISION CREDIT UNION D/B/A NUVISION CREDIT UNION IMPORTANT PRIVACY CHOICES FOR CONSUMERS

You have the right to control whether we share some of your personal information. Read the following information carefully before you make your choices below.

Your Rights. You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

Your Choices. restrict information sharing with companies we own or control (Affiliates): Unless you say “No,” we may share personal and financial information about you with our affiliated companies.

NO, do not share personal and financial information with your affiliated companies.

Restrict information sharing with other companies we do business with to provide financial products and services: unless you say “No,” we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

NO, do not share personal and financial information with outside companies you contract with to provide financial products and services.

Time Sensitive Reply. You may make your privacy choice(s) at any time. Your choice(s) marked here will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with affiliated companies and other companies with whom we have contracts to provide products and services.

Print Name: _____

Membership Number: _____

Signature: _____

To exercise your choice do the following:

- Complete, sign and mail to (you may want to make a copy for your records):

Denali. A Division of Nuvision Credit Union
440 E. 36th Avenue
Anchorage, AK 99503

- Or Fax to 907.222.5825

www.denalifcu.org

800.764.1123 option 3

FACTS

WHAT DOES **NUVISION FEDERAL CREDIT UNION d/b/a DENALI. A DIVISION OF NUVISION CREDIT UNION** DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Account balances and payment history
- Credit history and credit scores

How?

All financial companies need to share **member's** personal information to run their everyday business. In the section below, we list the reasons financial companies can share their **member's** personal information; the reasons Denali. A Division of Nuvision Credit Union chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Denali share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	Yes
For our affiliates' everyday business purposes— information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	Yes	Yes

To limit our sharing

- Call **800-764.1123 option 3** —our menu will prompt you through your choice(s)
- Visit us online: www.denalifcu.org

Please note:

If you are a *new member*, we can begin sharing your information **30 days** from the date we sent this notice. When you are *no longer* our member, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

Questions?

Call **800-764.1123 option 3** or go to www.denalifcu.org

Who we are

Who is providing this notice?

Denali. A Division of Nuvision Credit Union

What we do

How does Denali. A Division of Nuvision Credit Union protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does Denali. A Division of Nuvision Credit Union collect my personal information?

We collect your personal information, for example, when you

- Open an account or deposit money
- Pay your bills or apply for a loan
- Use your credit or debit card

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Denali. A Division of Nuvision Credit Union does not share with our affiliates*

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Denali. A Division of Nuvision Credit Union does share with non-affiliates so they can market to you.*

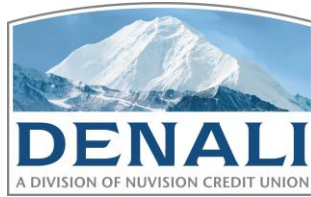
Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Our joint marketing partners include mortgage bankers, securities broker-dealers, and insurance companies and agents.*

Other important information

California law limits an institution from sharing information for joint marketing unless we have provided you an opportunity to opt-out of this sharing.



Bounce! Protection Program – Overview

NuVision Federal Credit Union d/b/a Denali, A Division of NuVision Credit Union (hereinafter “Credit Union”) has established this program to describe the current process for Bounce! Protection. The following is an overview of the Credit Union’s current practices and, it is not intended as a full disclosure, definition, or description of our Bounce! Protection policies. From time-to-time, we may change the provisions described below.

It is the policy of the Credit Union to comply with all applicable laws and regulations and to conduct business in accordance with applicable safety and soundness standards.

The Credit Union is not obligated to pay any item presented for payment if a member’s account does not contain sufficient available funds. Any discretionary payment (or other negotiation or processing) by the Credit Union of any non-sufficient fund check or checks (or other items) does not obligate the Credit Union to pay any additional non-sufficient fund checks or items or to provide prior notice of its decision to refuse to pay any additional nonsufficient fund checks or items.

Pursuant to the Credit Union’s commitment to always provide the member with the best level of service, now and in the future, if a member’s checking account has been open for at least forty-five (45) days, and thereafter the member maintains their account in good standing, which includes at least:

1. Account receives regular deposits totaling at least \$500 during each rolling thirty-two (32) day period;
2. Account must be brought to a positive balance within twenty-one (21) days from the date of the overdraft;
3. All accounts must be in good standing and loan obligations must not be past-due fifteen (15) days or more; and
4. Member is not subject to any legal or administrative order or levy.

NuVision Federal Credit Union will consider, as a discretionary courtesy and not as a right or obligation, approving reasonable overdrafts for members if their account(s) meet the above criteria. This privilege will generally be limited to a maximum of \$1500 overdraft (negative) balance. Of course, any and all fees and charges, including the non-sufficient fund/overdraft fees (as set forth in our Schedule of Fees and Charges and Agreements and Disclosures), will be included in this limit.

The total of the discretionary courtesy overdraft (negative) balance, including any and all fees and charges and all non-sufficient fund/overdraft fees, is due and payable within twenty-one (21) days of the overdraft. Member and each Authorized Signer will continue to be liable, jointly and severally, for all such accounts, as described in the Agreements and Disclosures.

Approval of payment of reasonable overdrafts by the Credit Union on accounts in good standing (as described above) is only a discretionary courtesy, and not a right or obligation. It is within the Credit Union’s sole and absolute discretion to cease payment of overdrafts at any time without prior notice of reason or cause.

What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but the Credit Union pays it anyway. We can cover your overdrafts in two ways:

1. We have standard overdraft practices that come with your account. This is our Bounce! Protection Program
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices (Bounce! Protection Program).

What are the standard overdraft practices (Bounce! Protection Program) that come with my account?

The Credit Union authorizes and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

The Credit Union does not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM Transactions
- Debit card transactions

The Credit Union pays overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if the Credit Union pays my overdraft?

Under our standard overdraft practices (Bounce! Protection Program):

- We will charge you a fee of \$30 each time we pay an overdraft.
- We will limit the number of charges to four fees per day.

What if I want the Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you also want us to authorize and pay overdrafts on ATM and Debit card transactions, complete the form below and send it in, visit denalifcu.org, or call us at 800.764.1123.

What if I do not want the Credit Union to pay any overdrafts - for checks, ACH, ATM, or everyday debit card transactions?

If you do not want the Credit Union to pay any overdrafts – for checks, ACH, ATM, or everyday debit card transactions, please mark that as your selection below and send it in to us, visit denalifcu.org, or call us at 800.764.1123.

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- YES**, I want Nuvision Federal Credit Union, d/b/a Denali, A Division of Nuvision Credit Union to authorize and pay overdrafts on my ATM and Debit card transactions.
- NO**, I do not want Nuvision Federal Credit Union, d/b/a Denali, A Division of Nuvision Credit Union to authorize and pay overdrafts on my ATM and Debit card transactions.
- NO**, I do not want Nuvision Federal Credit Union, d/b/a Denali, A Division of Nuvision Credit Union to authorize and pay any overdrafts on my ATM and Debit card transaction, checks, or other transactions made using my checking account number.

Printed Name: _____ Signature: _____

Date: _____ Checking Account Number: _____