

REQUIREMENTS TO OPEN AN INTERNATIONAL ACCOUNT:

In order to establish an account with OU Credit Union the following information must be provided:

Nonresident Aliens (Temporary Residents)

- Current residency documents to support length of stay in the United States
- Proof-of-address in the United States
- Government issued identification
- Valid Form W-8BEN and Written Explanation (as applicable)
- Photocopy of your valid foreign identification (foreign passport, foreign driver's license or certificate of residency)

Resident Aliens (Permanent Residents)

- Current-residency documents to support length of stay in the United States
- Government issued identification
- Valid Form W-9

ACCOUNT #

A **\$5.00 minimum deposit** into your Grizzly Saver is required to open your account.

SECTION A - ELIGIBILITY

New Account Add Joint Party Add Checking Account

ELIGIBILITY: You must be eligible for membership to open an account.¹

- Faculty, employee, or student of MSU² or OU³
- Employee or student of Cooley Law School⁴
- Desk Drawer Fund donor⁵
- Attended or graduated from MSU or OU
- Work on MSU or OU campus and under control of school's governing bodies
- Individuals who live, work, worship, or attend school in the state of Michigan
- Immediate family member of eligible group
- Individual living in household of eligible group making up an economic unit
- Employee of Select Employee Group

¹For a complete list of membership eligibility options, please call OU Credit Union or visit oucreditunion.org/whocanjoin. ²MSU = Michigan State University ³OU = Oakland University ⁴Cooley Law School = Thomas M. Cooley Law School located in Lansing, Michigan ⁵\$10 minimum donation

SECTION B APPLICANT INFORMATION

Citizenship Status U.S. Citizen Resident Alien (permanent resident) Nonresident Alien (temporary resident)

Name First	Middle	Last	Physical Address – Street/Apt. <input type="checkbox"/> Own <input type="checkbox"/> Rent	City	State	ZIP Code
Mailing Address (If different than physical address) – Street/Apt. or PO Box				City	State	ZIP Code
Mobile Phone*	Other Phone*		Date of Birth	Mother's Maiden Name		
Social Security No.	Foreign Tax ID No.	Driver's License/Passport or Other Documentation/ID		State of Issue	Date of Expiration	
Email Address*		Employer/Previous Employer		Date Employed		
Occupation		Employment Status		Monthly Gross Income		

1st Joint Party Information **Citizenship Status** U.S. Citizen Resident Alien (permanent resident) Nonresident Alien (temporary resident)

Name First	Middle	Last	Physical Address – Street/Apt. <input type="checkbox"/> Own <input type="checkbox"/> Rent	City	State	ZIP Code
Mailing Address (If different than physical address) – Street/Apt. or PO Box				City	State	ZIP Code
Mobile Phone*	Other Phone*		Date of Birth	Mother's Maiden Name		
Social Security No.	Foreign Tax ID No.	Driver's License/Passport or Other Documentation/ID		State of Issue	Date of Expiration	
Email Address*		Employer/Previous Employer		Date Employed		
Occupation		Employment Status		Monthly Gross Income		

*You authorize us to contact you, including by electronic or automated means, such as emails, autodialed and prerecorded calls, and text messages.

SECTION B

APPLICANT INFORMATION CONTINUED

2nd Joint Party Information **Citizenship Status** **U.S. Citizen** **Resident Alien (permanent resident)** **Nonresident Alien (temporary resident)**

Name First	Middle	Last	Physical Address – Street/Apt. <input type="checkbox"/> Own <input type="checkbox"/> Rent	City	State	ZIP Code
Mailing Address (If different than physical address) – Street/Apt. or PO Box			City	State	ZIP Code	
Mobile Phone*	Other Phone*		Date of Birth	Mother’s Maiden Name		
Social Security No.	Foreign Tax ID No.	Driver’s License/Passport or Other Documentation/ID		State of Issue	Date of Expiration	
Email Address*		Employer/Previous Employer		Date Employed		
Occupation		Employment Status		Monthly Gross Income		

*You authorize us to contact you, including by electronic or automated means, such as emails, autodialed and prerecorded calls, and text messages.

SECTION C

ACCOUNT SERVICE SELECTION

By checking below, I/we agree to apply for/request the selected services:

Checking Options

24/7 access, free ATM access, free bill payment, direct deposit, and eStatements

TOTALLY GOLD CHECKING ACCOUNT

Please note: Totally Gold Checking requires a VISA Debit Card, eStatements/eNotices, ComputerLine® access, and direct deposit if available. To consent to receiving eStatements, eNotices, and other electronic correspondence, you will need to log in to your account via ComputerLine or the mobile app and follow the prompts. If you do not complete your consent within 45 days, or if you decline eStatements or eNotices, your Totally Gold Checking will be converted to a Classic Checking.

Classic Checking Account — Paper statements

Money Market Checking Account — Earn dividends, paper statements

Debit Card — # of VISA Debit Cards _____

Savings Options

Savings BuilderSM — Reverse-tiered account (lower balances earn higher dividends). Checking account required.

Insured Money Management Account (IMMA) — Earn higher dividends on balances over \$2,000.

Certificate (check all terms that apply) — Earn fixed dividends that are higher than traditional savings accounts.

- | | |
|---|---|
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 2 years |
| <input type="checkbox"/> 6 months | <input type="checkbox"/> 3 years |
| <input type="checkbox"/> 1 year | <input type="checkbox"/> 4 years |
| <input type="checkbox"/> 1 Year Add-On | <input type="checkbox"/> 5 years |

SECTION D

MEMBERSHIP AND ACCOUNT AGREEMENT

IRS Certification for Resident Aliens and U.S. Citizens: I certify under penalty of perjury that: (1) the Taxpayer Identification Number (e.g., Social Security number, individual taxpayer identification number, or adoption taxpayer identification number) in Section B of this document is correct; (2) I am a U.S. person (including a U.S. resident alien); (3) I have not been notified by the IRS that I under-reported or failed to report all interest or dividends or that the IRS has notified me that I am no longer subject to backup withholding. Please cross out any section that does not apply.

By signing below, I/we hereby make application for membership in, and agree to abide by the bylaws and amendments of, Michigan State University Federal Credit Union ("Credit Union"), operating under the trade name Oakland University Credit Union. By signing this document, I/we further acknowledge that I/we will be provided a copy of the Account Agreements and Disclosures (which consist of the Membership and Account Agreement, the Electronic Funds Transfer and Payment Services Agreement and Disclosure, the Electronic Correspondence Disclosure and Agreement, the Truth in Savings and Funds Availability Disclosure, the Certificate and IRA/HSA IMMA Disclosure, the Schedule of Service Charges, and the Privacy Policy) and all other disclosed terms and conditions applicable to each account or service that I open concurrently with this application, and I/we agree to be bound by those terms. I/We further understand and agree that I/we shall be bound by the terms and conditions of any other account or service that I/we may later open. Any account opened in more than one name shall be a joint account with rights of survivorship. If I/we are provided a debit card(s), I/we acknowledge that I/we will read and maintain for my/our records the VISA Debit Card Agreement that will be provided to me/us and I/we will evidence my/our agreement to the conditions contained therein by my/our use of any card. I/We hereby authorize the Credit Union to check my/our credit and employment history(ies) and to answer questions about the Credit Union's credit experience with me/us. I specifically authorize the Credit Union to access our credit reports, credit scores, and other financial history and I consent to the use of such information to process this application and determine whether I/we qualify for other products and services the Credit Union may offer me/us. I hereby authorize the release, by my Credit Union records custodian, of any information pertaining to my/our past and present financial status and any action pending or taken against me/us in the past. I/We authorize the receipt and exchange of credit information.

Oakland University Credit Union, OU Credit Union, is a trade name of Michigan State University Federal Credit Union (MSUFUCU). MSUFUCU remains the legal entity behind both brands, MSUFUCU and OU Credit Union. Your legal documents and Federal Reserve transactions will be listed in your account as MSUFUCU.

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 you for your name, address, date of birth, and other information that will allow us to identify you. We may ask for your driver's license or other identifying documents.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature Date

1st Joint Party Signature Date

2nd Joint Party Signature Date

SECTION E

VISA APPLICATION

International members may apply for a **Share Secured VISA Credit Card**.

INCOME VERIFICATION

Employer		Occupation	
Date Employed	Gross Monthly Income	Mortgage/Rent Payment	

INCOME VERIFICATION FOR APPLICANTS UNDER AGE 21

Job: \$ _____ / month
(please fill out employer information)

Financial aid: \$ _____ / month
(scholarships, loans, grants, etc.)

Parent support: \$ _____ / month

If above equals zero and you are under age 21, you are required to have a parent/guardian joint party.

I/We hereby apply for an OU Credit Union VISA Credit Card line of credit. In the event that the VISA Credit Card line of credit applied for is issued, I/we agree to read and comply with the terms of the Agreement and Truth-in-Lending Disclosure Statement that will be furnished with the card. I/We agree to retain such information for our records. Please issue a separate VISA card with each name printed below. I/we hereby authorize the Credit Union to check my/our credit and employment history and to answer questions about the Credit Union's credit experience with me/us. I/we specifically authorize the Credit Union to access my credit report, credit score, and other financial history and I/we consent to the use of such information to process my/our application for a credit card and to determine whether I/we qualify for other products and services the Credit Union may offer to me/us. I/we hereby authorize the release, by my/our Credit Union records custodian, of any information pertaining to my/our past and present financial status and any action pending or taken against me/us in the past. The undersigned authorizes the receipt and exchange of credit information.

Signed this _____ day of _____, _____ By affixing my signature to the application, I present this information truly and correctly to the best of my knowledge and for the purpose of obtaining credit from the Credit Union.

By placing my initials here, I agree that I am applying for a joint loan.

Signature Applicant Initials

1st Joint Party Signature 1st Joint Party Initials

2nd Joint Party Signature 2nd Joint Party Initials

ISSUE CARDS TO THE FOLLOWING AUTHORIZED USERS: (PRINT NAMES)

1. Name

SSN

2. Name

SSN

A personal identification number (PIN) for cash advances at ATMs will be issued on this account. **VISA eStatements** **Check here to request information about Debt Protection**

Consensual Security Interest: I/we grant and consent to a security interest in the shares and dividends in any individual or joint account(s) at OU Credit Union that I/we have with OU Credit Union now and in the future to secure my/our credit card account. I/we understand I/we may withdraw funds from the account(s) unless I/we are in default. When I/we are in default, I/we authorize OU Credit Union to apply the balance in the account(s) to any amounts due. For example, if I/we have an unpaid credit card balance, I/we agree OU Credit Union may use funds in my/our account(s) to pay any or all of the unpaid balance. I/We understand any IRA, HSA, CESA, or any other account that would lose special tax treatment under state or federal law if given as security are not subject to this security interest.

By signing below, I/we are affirmatively agreeing that I/we are aware the granting of a security interest is a condition for the credit card and I/we intend to grant a security interest in my/ our account(s).

Signature 1st Joint Party Signature 2nd Joint Party Signature

OU Credit Union Platinum VISA Credit Card Disclosure

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	9.9% to 17.9% based on your creditworthiness
APRs for Balance Transfers	0% introductory APR for six (6) months from date of account opening. Rate then reverts to standard rate (9.9% to 17.9%), based on your creditworthiness.
APRs for Cash Advances	9.9% to 17.9% based on your creditworthiness
Penalty APR and When It Applies	17.9% The Penalty APR is applied if your account becomes delinquent 60 days. How Long Will the Penalty APR Apply? The Penalty Annual Percentage Rate will apply until you make six (6) consecutive minimum on-time payments and the line of credit is current.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at www.consumerfinance.gov/learnmore
Fees	
Transaction Fees • International transaction and cash advance fees	1% for ATM transactions 3% for all other transactions calculated after the transaction has been converted to U.S. dollars
Penalty Fees • Late Payment	\$25 if the minimum payment due is \$25 or more; \$15 if the minimum payment due is \$15 to \$24.99; or \$0 if the minimum payment due is less than \$15
Other Fees • Returned Convenience Check	\$25

OU Credit Union Platinum Plus and VISA Signature Credit Card Disclosure

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	13.9% to 17.9% based on your creditworthiness
APRs for Balance Transfers	13.9% to 17.9% based on your creditworthiness
APRs for Cash Advances	13.9% to 17.9% Platinum Plus 14.9% to 17.9% VISA Signature based on your creditworthiness
Penalty APR and When It Applies	17.9% The Penalty APR is applied if your account becomes delinquent 60 days. How Long Will the Penalty APR Apply? The Penalty Annual Percentage Rate will apply until you make six (6) consecutive minimum on-time payments and the line of credit is current.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at www.consumerfinance.gov/learnmore
Fees	
Annual Fees	\$0 Platinum Plus \$0 for the first year; \$99 thereafter for VISA Signature
Penalty Fees • Late Payment	\$25 if the minimum payment due is \$25 or more; \$15 if the minimum payment due is \$15 to \$24.99; or \$0 if the minimum payment due is less than \$15
Other Fees • Returned Convenience Check	\$25

How We Will Calculate Your Balance: We use a method called "average daily balance (including new transactions)."

Loss of Introductory APR: We may end your introductory APR and apply the Penalty APR if your account becomes 60 days delinquent.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

FOR OFFICE USE ONLY

Membership approval _____

Date _____

Date approved _____

Account opened by (Employee ID #) _____

