



ACCOUNT INFORMATION FORM

DATE: _____

This Account Information Form supersedes all prior Account Information Forms

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 / entity who opens an account.

The account holder should notify the firm of any future changes or incorrect information contained on this account form.

Please Type or Print

Customer Name	Tax ID #	Manager/President
Telephone No.	Facsimile No.	
Mailing Address	City	State Zip Code
Legal Address (if different)	City	State Zip Code
Routing & Transit Number (if applicable)	List Corporate Membership(s)	(Check One) <input type="checkbox"/> State Charter <input type="checkbox"/> Federal Charter
Settlement, Delivery Instructions Do you safekeep with your Corporate? Y N	If NO: Safekeeping Agent: _____ ABA #: _____	DTC #: _____ Special Instructions: _____

Authorized individual (to execute security order)

Name	Title	Name	Title

I, hereby certify the above named individuals have been duly authorized on behalf of _____ Credit Union to execute security orders. These individuals are authorized to give written or oral instructions with respect to any security order.

By: _____
Title: **Officer**

Percentage of total investments:	<input type="checkbox"/> Corporate CU Deposits <input type="checkbox"/> U.S./Treasuries <input type="checkbox"/> Federal Agencies <input type="checkbox"/> Mortgage-Backed Securities	<input type="checkbox"/> Collateralized Mortgage Obligations/REMICs <input type="checkbox"/> Negotiable CDs <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Bankers Acceptances	<input type="checkbox"/> Asset-Backed Securities <input type="checkbox"/> U.S. Corporation Corporate Bonds <input type="checkbox"/> Municipal Bonds <input type="checkbox"/> Other
How frequently do you purchase and sell securities?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other		
What is the estimated average size of each transaction?	<input type="checkbox"/> Under \$1,000,000 <input type="checkbox"/> \$1 million - \$5 million <input type="checkbox"/> \$5 million - \$20 million <input type="checkbox"/> Over \$25 million		
Investments with maturities/average lives less than 12 months	\$ _____		
Investments with maturities/average lives 1-3 years	\$ _____		
Investments with maturities/average lives more than 3 years	\$ _____		
Total Assets \$ _____	Total Net Capital \$ _____	Size of Investment Portfolio \$ _____	Capital/Assets Ratio: _____ %

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INVESTMENT/OFFICER	REP/PRINCIPAL	RECEIVED
ACCOUNT NUMBER	ACCEPTED / OFAC SCREENED	DATE ENTERED

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For information regarding SIPC, please call 202.371.8300 or www.sipc.org