

Account No. _____

ACCOUNT TYPE: SHARE/SAVINGS SHARE DRAFT/CHECKING SHARE CERTIFICATE MONEY MARKET OTHER _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN), or Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding I am not a United States Citizen or resident (Complete W-8 form) Exempt

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member Name _____ Date of Birth _____ SSN/TIN _____

Street Address _____ City/State/Zip _____

Primary Ph.() _____ Work Ph.() _____ Email Address _____

Employer _____ Occupation _____ Mother Maiden Name _____ DL# _____

U.S. Citizen Other Citizenship _____ Eligibility For Membership _____

How Did You Hear About Us? Flyer Newspaper Ad Radio Advertisement Loan Special Friend/Referral Other _____

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit ATM/Check Card Online Banking Overdraft Protection Other EFT Service _____

ACCOUNT OWNERSHIP

Single Party Multiple Party with Survivorship Multiple Party without Survivorship

Joint Owner #1 Name _____ DOB _____ SSN/TIN _____ DL# _____

Street _____ City/State/Zip _____ Mother Maiden Name _____

Primary Ph() _____ Alt. Ph() _____ Employer _____ Occupation _____

Joint Owner #2 Name _____ DOB _____ SSN/TIN _____ DL# _____

Street _____ City/State/Zip _____ Mother Maiden Name _____

Primary Ph() _____ Alt. Ph() _____ Employer _____ Occupation _____

Joint #1 Citizenship U.S. Other _____ Joint #2 Citizenship U.S. Other _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate specific account(s) _____

Beneficiary#1 _____ Street/City/State/Zip _____

SSN _____ DOB _____ Contact Ph.() _____ Relationship to Primary _____

Beneficiary#2 _____ Street/City/State/Zip _____

SSN _____ DOB _____ Contact Ph.() _____ Relationship to Primary _____

UTTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) **Minor's SSN/TIN** _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, If applicable, and to any amendment the Credit Union makes from time to time which are Incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.** I/We authorize the Credit Union to obtain credit reports in connection with this application.

SIGNATURES BELOW

DATE BELOW

X _____

X _____

X _____

X _____

FOR CREDIT UNION USE ONLY

OPENED BY _____ SSN ISS. DATE _____ SSN ISS. DATE JOINT #1 _____

SSN ISS. DATE JOINT #2 _____ CREDIT REPORT NO. _____

OFAC PRIMARY _____ OFAC INT #1 _____ OFAC JNT #2 _____

MEMBERSHIP AGREEMENT _____ PRIVACY _____ TRUTH SAV _____ ACCT. VER. BY _____

ATTACH COPY OF DRIVER'S LICENSE(S) HERE.