

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

<input type="checkbox"/> Share/Savings: _____	Suffix	<input type="checkbox"/> Money Market: _____	Suffix
<input type="checkbox"/> Share Draft/Checking: _____		<input type="checkbox"/> Club: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: \_\_\_\_\_

Member/Owner: \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted

Mother's Maiden Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Membership Eligibility: \_\_\_\_\_ E-mail: \_\_\_\_\_

PROXY INFORMATION

The member/owner does hereby constitute and appoint the members of the Board of Directors of this Credit Union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the member is entitled, for the election of directors, mergers and any matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

Member/Owner Signature \_\_\_\_\_

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

*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), 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 Internal Revenue Service (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. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, 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 agreements 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 Fund Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature Date Signature Date

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature Date Signature Date

- Payroll Deduction/Direct Deposit: \_\_\_\_\_  ATM Card: \_\_\_\_\_
- Overdraft Protection (Indicate transfer priority.): \_\_\_\_\_  Debit Card: \_\_\_\_\_
- \_\_\_\_\_  Audio Response: \_\_\_\_\_
- PC Access/Internet Banking: \_\_\_\_\_  Other: \_\_\_\_\_

**ACCOUNT OWNERSHIP**

Designate the ownership of the accounts and responsibility for the services requested.

- Individual
- Joint Account with Rights of Survivorship
- Joint Account without Rights of Survivorship

Joint Owner: \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Listed  Unlisted

Mother's Maiden Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Joint Owner: \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Listed  Unlisted

Mother's Maiden Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

- Payable on Death (POD)/Trust Account
  - All Accounts  Designate Specific Accounts: \_\_\_\_\_

Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

- UTMA/UGMA (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: \_\_\_\_\_

- Agency Print Name of Agent: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- All Accounts  Designate Specific Accounts: \_\_\_\_\_

- Other: \_\_\_\_\_  See Account Authorization Card

**FOR CREDIT UNION USE ONLY**  See Account Change Card  See Insurance Beneficiary Card

Date of Membership: \_\_\_\_\_ Opened /App'd by: \_\_\_\_\_ Member Verification: \_\_\_\_\_

- Credit Report  Check Verify  PIN Request
- Access Card  Audio Response  PC Access/Internet Banking