

## Membership Application

**IMPORTANT ACCOUNT OPENING INFORMATION:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

### Qualifying Membership

Eligibility \_\_\_\_\_ Family Member \_\_\_\_\_

### Applicant Requests All Electronic Services Available Except Those Checked Below:

- ☐ I do not want to enroll in Online Banking (Including Bill Pay). ☐ I do not want eStatements. I prefer paper statements.  
☐ I do not want a VISA Debit Card to access my checking account.

### Primary Member Information:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_  
ID Type \_\_\_\_\_ ID Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address (If Different) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

### Member/Signer 2 Information:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_  
ID Type \_\_\_\_\_ ID Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address (If Different) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

### Member/Signer 3 Information:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_  
ID Type \_\_\_\_\_ ID Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address (If Different) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

### Member/Signer 4 Information:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_  
ID Type \_\_\_\_\_ ID Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address (If Different) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

### I wish to open the following type of account(s):

- ☐ Savings ☐ Checking ☐ Money Market ☐ Certificate ☐ IRA/HSA

**Ownership Type**

☐ Individual
 ☐ Joint
 ☐ With Pay-On-Death Provision

**Pay-On-Death Provision**

If I make a pay-on-death (P.O.D.) beneficiary designation, I understand and agree that all sums are payable, by request, to the account owner during his/her lifetime and, upon his/her death, to the designated P.O.D. payee(s) or, if the Account is jointly owned, to one or more account owners during their lives and, on the death of all of them, to one or more payees then surviving in equal and individual shares, unless designated otherwise below. As between P.O.D. payees, there is no right of survivorship. A pay-on-death designation set forth in this Signature Card cannot be changed by a will.

**Payee 1 Information**

|                     |               |                          |
|---------------------|---------------|--------------------------|
| Payee Full Name:    |               |                          |
| Payee Full Address: |               |                          |
| Social Security:    | Relationship: | Distribution Percentage: |

**Payee 2 Information**

|                     |               |                          |
|---------------------|---------------|--------------------------|
| Payee Full Name:    |               |                          |
| Payee Full Address: |               |                          |
| Social Security:    | Relationship: | Distribution Percentage: |

**Payee 3 Information**

|                     |               |                          |
|---------------------|---------------|--------------------------|
| Payee Full Name:    |               |                          |
| Payee Full Address: |               |                          |
| Social Security:    | Relationship: | Distribution Percentage: |

**Payee 4 Information**

|                     |               |                          |
|---------------------|---------------|--------------------------|
| Payee Full Name:    |               |                          |
| Payee Full Address: |               |                          |
| Social Security:    | Relationship: | Distribution Percentage: |

**Membership consent and Account Signatures:**

- If I am not currently a member, I hereby make application for membership in the Credit Union. Each applicant for membership certifies that he or she is within the Credit Union's field of membership.
- By signing below, I agree to conform to the Credit Union's bylaws as well as all applicable terms and conditions set forth in the Account Agreement, Truth-in-Savings Disclosure, and the Electronic Funds Transfer Disclosure and Agreement (if applicable), receipt of which is hereby acknowledged and which are incorporated by this reference. I understand and agree this Signature Card shall govern all accounts ("Accounts") opened under the Member Number set forth above. I authorize you to gather whatever credit, account, and employment information you consider appropriate from time to time. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my accounts and/or in connection with making future credit opportunities available to me. I authorize you to give information concerning your credit experience with me to others. I agree that you may retain this Signature Card as well as all other information you receive.

**3. Substitute W9 Taxpayer ID Certification**

I/We declare under penalty of perjury, that (a) I am a U.S. Person (including resident alien), (b) the taxpayer ID number provided on this application above is correct and (c) UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding because (1) I have never been notified by the IRS that I am subject to backup withholding due to failure to report dividends or interest or (2) I have been notified by the IRS that I am no longer subject to backup withholding.

☐ I am subject to backup withholding
 ☐ I am exempt from backup withholding

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

Primary Member \_\_\_\_\_ Date \_\_\_\_\_

Member 2 \_\_\_\_\_ Date \_\_\_\_\_

Member 3 \_\_\_\_\_ Date \_\_\_\_\_

Member 4 \_\_\_\_\_ Date \_\_\_\_\_

Member Number \_\_\_\_\_ ☐ New ☐ Existing Member Update

Acct Nbr(s) \_\_\_\_\_

All Member IDs Verified & Verification Passed ☐ Branch \_\_\_\_\_

Opened/Maintained By \_\_\_\_\_ Open/Maintain Date \_\_\_\_\_

All Exceptions Resolved \_\_\_\_\_

Audited By \_\_\_\_\_ Audit Date \_\_\_\_\_

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