

MEMBERSHIP APPLICATION

Account # _____

Member _____

Soc. Sec. # _____

Address _____

ID # _____

State _____

Issued _____

Exp. _____

Home Phone (_____) _____

Birth Date _____

Work Phone (_____) _____

Mother's Maiden Name _____

Employer _____

Eligibility for Membership _____

Cell Phone (_____) _____

OWNERSHIP OF ACCOUNT

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

 Individual Account (check box and skip to next section) Representative Payee Account Joint Account with Survivorship (check box and complete the following) Sub Account "Account # _____" Revocable Trust Account (check box and complete the following) Custodian

Name _____

Soc. Sec. # _____

Address _____

ID # _____ State _____ Issued _____ Exp. _____ Birth Date _____

Phone (_____) _____ Mother's Maiden Name _____

Name _____ Soc. Sec. # _____

Address _____

ID # _____ State _____ Issued _____ Exp. _____ Birth Date _____

Phone (_____) _____ Mother's Maiden Name _____

ACCOUNT DESIGNATIONS

 Payable on Death (POD) / Trust Account All accounts _____ Specific account(s) _____

Beneficiary _____ Beneficiary _____

Address _____ Address _____

Birthdate _____ Birthdate _____

Soc. Sec. # _____ Soc. Sec. # _____

Phone (_____) _____ Phone (_____) _____

 UTTMA / UGMA (as custodian for _____ (minor)

under the Uniform Transfers / Gifts to Minors Act) Minor's Soc. Sec. # _____

CREDIT UNION USE ONLY

Opened by _____ on Date _____ OFAC Verification _____

PROXY

The undersigned does hereby constitute and appoint the members of the Board of Directors of Catholic and Community Credit Union, Belleville, Illinois, who are qualified and acting directors at the time this proxy is used, as proxies to vote for the election of directors, mergers and any matter with regard to which credit union shareholders are entitled to vote, all the shares of Catholic and Community Credit Union now or hereafter owned or held by the undersigned, 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 canceled by the member. The undersigned further authorizes the said proxies to designate a person or committee to cast the vote or votes of the undersigned in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

(1) _____
Date

BACKUP WITHHOLDING CERTIFICATIONS

Instructions: You must cross out item 2 below 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.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer number **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 to 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. person (including a U.S. resident alien).

Signature: x _____

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 ATM card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement.

(1) _____ (2) _____
Signature Date Signature Date

(3) _____ (4) _____
Signature Date Signature Date

AGENTS - The individual signing above on line(s) _____ is signing as:

- Power of Attorney - agreement on file Parent/Guardian Authorized Signer
 A Successor Trustee of a UTMA account _____