

Member Account Agreement

Date: _____

Credit Union Name & Address

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IMPORTANT ACCOUNT OPENING INFORMATION: 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.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1

Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN/EIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Mother's Maiden Name	
Member Qualification/Relationship to Member	

Owner/Signer Information 2

Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN/EIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Mother's Maiden Name	
Member Qualification/Relationship to Member	

Member No. _____

Ownership of Account

The specified ownership will remain the same for all accounts.

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation - For Profit |
| <input type="checkbox"/> Joint with Survivorship (not as tenants in common) | <input type="checkbox"/> Corporation - Nonprofit |
| <input type="checkbox"/> Representative Payee Account | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust-Separate Agreement Dated: _____ | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> (UTTMA/UGMA (as custodian for _____ minor) under the Uniform Transfers/Gifts to Minors Act) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Minor's Soc. Sec. # _____ | |

Beneficiary Designation

(Check appropriate ownership above.)

- | | |
|--|---|
| <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> Pay-On-Death (POD) |
|--|---|

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

Name _____	Name _____
Address _____	Address _____
SSN/TIN _____	SSN/TIN _____
Name _____	Name _____
Address _____	Address _____
SSN/TIN _____	SSN/TIN _____

Services Requested

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> ATM | <input type="checkbox"/> Debit/Check Cards (No. Requested: _____) |
| <input type="checkbox"/> Abby | <input type="checkbox"/> E-Statements |
| <input type="checkbox"/> E-Notices | <input type="checkbox"/> Home Banking |
| <input type="checkbox"/> Bill Payment | |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Owner/Signer Information 3

Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN/EIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Mother's Maiden Name	
Member Qualification/Relationship to Member	

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: _____

Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.

Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X _____ (Date)

Proxy Statement

The member 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.

The undersigned acknowledge that they have read this proxy statement.

X _____ (Date)

Signature(s)

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s). The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | |
|--|---|
| <input type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Electronic Fund Transfers | <input type="checkbox"/> Truth in Savings |
| <input type="checkbox"/> Common Features | <input type="checkbox"/> Funds Availability |
| <input type="checkbox"/> _____ | |

[X _____]

[X _____]

[X _____]

[X _____]

Other Terms/Information

- | | |
|---|--|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Regular Checking | <input type="checkbox"/> Ultimate Checking |
| <input type="checkbox"/> Rebound Checking | <input type="checkbox"/> Business Checking |

Checking account overdraft payment provisions

Date _____ Account # _____

YOU HEREBY REQUEST overdraft payment protection for the above checking account, by transfers from share savings account number _____

YOU AGREE AS FOLLOWS:

The credit union is under no obligation to pay a draft which exceeds the balance in your checking account.

The credit union may transfer shares from the above share savings account, provided funds are available for withdrawal, and deposit the shares to your checking account. The number of share transfers may not exceed six in a calendar month.

X _____
Signature of Account Owner

X _____
Signature of Account Owner