

Member Account Agreement

Date: _____

Credit Union Name & Address

| | |
|--|--|
| | |
|--|--|

Owner/Signer Information 1

| | |
|---|----------------------|
| Name | |
| Relationship | |
| Address | |
| Mailing Address (if different) | |
| Gov't Issued Photo ID (type, number, state, issue date, exp. date) | |
| Other ID (description, details) | |
| Employer | |
| Previous Financial Inst. | |
| E-Mail | |
| Work Phone | |
| Home Phone: | Mobile Phone: |
| Birth Date: | SSN/TIN: |

Ownership of Account

The specified ownership will remain the same for all accounts.

(For consumer accounts, select and initial.)

Single-Party Account _____ Multiple-Party Account _____

Sole Proprietorship or Single Member LLC Partnership

LLC-enter tax classification (C Corp S Corp Partnership)

C Corporation S Corporation _____

Trust-Separate Agreement Dated: _____

Beneficiary Designation

(Check appropriate ownership above - select and initial below.)

Single-Party Account _____

Single-Party Account with Pay-On-Death (POD) _____

Multiple-Party Account with Right of Survivorship _____

Multiple-Party Account with Right of Survivorship and POD _____

Multiple-Party Account without Right of Survivorship _____

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

(Check appropriate beneficiary designation above.)

| | |
|--|--|
| | |
|--|--|

Member No.

Account Title & Address

| | |
|--|--|
| | |
|--|--|

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

If checked, this is a temporary account agreement.
 Number of signatures required for withdrawal: _____.

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), provided the required number of signatures indicated above is satisfied. **The undersigned 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, the following agreements or disclosures:**

- Terms & Conditions Truth in Savings Funds Availability
- Electronic Fund Transfers Privacy Substitute Checks
- Common Features _____

Agency Designation (See Owner/Signer Information for Agency Designation(s).)

Agency Designation (*select and initial*): Survives OR Terminates on disability or incapacity of parties.

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

(1): [X]
 I.D. # _____ D.O.B. _____

(2): [X]
 I.D. # _____ D.O.B. _____

(3): [X]
 I.D. # _____ D.O.B. _____

(4): [X]
 I.D. # _____ D.O.B. _____

Owner/Signer Information 2

| | |
|--|---------------|
| Name | |
| Relationship | |
| Address | |
| Mailing Address (if different) | |
| Gov't Issued Photo ID (type, number, state, issue date, exp. date) | |
| Other ID (description, details) | |
| Employer | |
| Previous Financial Inst. | |
| E-Mail | |
| Work Phone | |
| Home Phone: | Mobile Phone: |
| Birth Date: | SSN/TIN: |

Owner/Signer Information 3

| | |
|--|---------------|
| Name | |
| Relationship | |
| Address | |
| Mailing Address (if different) | |
| Gov't Issued Photo ID (type, number, state, issue date, exp. date) | |
| Other ID (description, details) | |
| Employer | |
| Previous Financial Inst. | |
| E-Mail | |
| Work Phone | |
| Home Phone: | Mobile Phone: |
| Birth Date: | SSN/TIN: |

Owner/Signer Information 4

| | |
|--|---------------|
| Name | |
| Relationship | |
| Address | |
| Mailing Address (if different) | |
| Gov't Issued Photo ID (type, number, state, issue date, exp. date) | |
| Other ID (description, details) | |
| Employer | |
| Previous Financial Inst. | |
| E-Mail | |
| Work Phone | |
| Home Phone: | Mobile Phone: |
| Birth Date: | SSN/TIN: |

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.

Non-Individual Owner Information

| | |
|--------------------------------------|---------------|
| Name | |
| State/Country & Date of Organization | |
| Nature of Business | |
| Address | |
| Mailing Address (if different) | |
| Authorization/Resolution Date | |
| Previous Financial Inst. | |
| E-Mail | |
| Phone | |
| EIN: | Mobile Phone: |

| Account Description | Account # | Initial Deposit/Source |
|---------------------|-----------|--|
| | | \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____ |
| | | \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____ |
| | | \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____ |

Services Requested

ATM Debit/Check Cards (No. Requested: _____)

_____ _____

_____ _____

Backup Withholding Certifications

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

By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

Taxpayer I.D. Number - TIN: _____
The Taxpayer Identification Number (TIN) shown 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. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Changing Terms of Account

(Select and initial below.)

Multiple-Party Account's Terms may be Changed by a Single Party _____

Multiple-Party Account's Terms may be Changed Only by Agreement of All Parties _____

Other Terms/Information

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