

SHARE ACCOUNT CARD AND AGREEMENT

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,*
- (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. person (including a U.S. resident alien).*

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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____ Street _____ City/State/Zip _____ Home Phone () _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted Work Phone () _____ E-mail _____ Eligibility for Membership _____	Member No. <input style="width: 100%;" type="text"/> SSN/TIN _____ Driver's Lic. No. _____ Date of Birth _____ Password _____ Employment _____
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FOR CREDIT UNION USE ONLY			<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
Date of Membership _____	Opened /App'd by _____	Member Verification _____		
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request		
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking		

ACCOUNT OWNERSHIP

Designate the ownership of the share account.

Individual Joint with Survivorship Joint without Survivorship

Joint Owner _____ SSN/TIN _____
Street _____ Driver's Lic. No _____
City/State/Zip _____ Date of Birth _____
Home Phone () _____ Password _____
 Listed Unlisted E-mail _____
Work Phone () _____

Joint Owner _____ SSN/TIN _____
Street _____ Driver's Lic. No _____
City/State/Zip _____ Date of Birth _____
Home Phone () _____ Password _____
 Listed Unlisted E-mail _____
Work Phone () _____

BENEFICIARY DESIGNATIONS

Payable on Death (POD) Account

Beneficiary/Payee _____ Beneficiary/Payee _____
Street _____ Street _____
City/State/Zip _____ City/State/Zip _____

AUTHORIZATION

By signing below, I/we certify that the information on this account card (front and back) is complete, and I/we agree to the terms and conditions of the Share Account Agreement on the reverse side and the Truth-in-Savings Disclosures (Rate and Fee Schedule) 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. ***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