

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: Member No:

Designate the ownership of the accounts and responsibility for the services requested.
 Individual Joint Account with Survivorship Joint Account without Survivorship (Beneficiaries not Allowed)
 No Withdrawal for Primary Member

| | |
|--|---|
| Street: | SSN/TIN: |
| City/State/Zip: | I.D. No.: Exp. Date: |
| Home Phone: | Type of ID Used to Verify: |
| Work Phone: Cell Phone: | Date of Birth: |
| E-mail: | Mother's Maiden Name: |
| Employer: | Membership Eligibility: |
| Profession: | |

ACCOUNT OWNERSHIP

| | |
|--|---|
| Joint Owner: | SSN/TIN: |
| Street: | I.D. No.: Exp. Date: |
| City/State/Zip: | Type of ID Used to Verify: |
| Home Phone: | Date of Birth: |
| Work Phone: Cell Phone: | Mother's Maiden Name: |
| Employer: | E-mail: |
| Profession: | |

| | |
|--|---|
| Joint Owner: | SSN/TIN: |
| Street: | I.D. No.: Exp. Date: |
| City/State/Zip: | Type of ID Used to Verify: |
| Home Phone: | Date of Birth: |
| Work Phone: Cell Phone: | Mother's Maiden Name: |
| Employer: | E-mail: |
| Profession: | |

| | |
|--|---|
| Joint Owner: | SSN/TIN: |
| Street: | I.D. No.: Exp. Date: |
| City/State/Zip: | Type of ID Used to Verify: |
| Home Phone: | Date of Birth: |
| Work Phone: Cell Phone: | Mother's Maiden Name: |
| Employer: | E-mail: |
| Profession: | |

ACCOUNT DESIGNATIONS

Beneficiary Account

| | |
|---|---|
| Beneficiary: | Beneficiary: |
| Relationship: | Relationship: |
| SSN: | SSN: |
| Birthdate: Initials: | Birthdate: Initials: |
| Beneficiary: | Beneficiary: |
| Relationship: | Relationship: |
| SSN: | SSN: |
| Birthdate: Initials: | Birthdate: Initials: |

| ACCOUNT TYPE | | ACCOUNT SERVICES | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Regular Savings: | <input type="checkbox"/> Money Fund: | <input type="checkbox"/> Overdraft Protection (indicate transfer priority): | <input type="checkbox"/> Cross Account Transfer Numbers: |
| <input type="checkbox"/> Checking: | <input type="checkbox"/> Other: | <input type="checkbox"/> ATM Card: | <input type="checkbox"/> Audio Response: |
| <input type="checkbox"/> Share Certificate: | <input type="checkbox"/> Other: | <input type="checkbox"/> Debit Card: | <input type="checkbox"/> Home Banking/eStatement: |

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 (or I am waiting for a number to be issued), 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 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

| | |
|----------------------------------|--|
| Exempt payee code (if any) _____ | Exemption from FATCA reporting code (if any) _____ |
|----------------------------------|--|

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, 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 access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We further agree to allow the credit union to send us any disclosures which are required by law or regulation electronically, if permitted by law or regulation. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

| | | | | | |
|-------------------------------------|-----------------|------------|-------------------------------------|-----------------|------------|
| <input checked="" type="checkbox"/> | Signature _____ | Date _____ | <input checked="" type="checkbox"/> | Signature _____ | Date _____ |
| <input checked="" type="checkbox"/> | Signature _____ | Date _____ | <input checked="" type="checkbox"/> | Signature _____ | Date _____ |

| | | |
|--|--|---|
| 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"/> Telecheck | |
| Comments: _____ | | |
| Membership Officer Signature: _____ | | |

NOTARY INFORMATION

Complete if required by your credit union:

I certify that the information provided above is my true and correct identity information.

Signed _____

MEMBER/OWNER _____ DATE _____

MEMBER/OWNER _____ DATE _____

MEMBER/OWNER _____ DATE _____

State of Michigan, County of _____

City, Town, Village of _____

This person named hereon personally came before me and signed above on this, the _____ day of _____, _____.

My commission expires on _____.

NOTARY SIGNATURE _____

PRINTED NAME _____

FOR NOTARY SEAL
(or, use this area if credit union requires a thumb print identification)

