

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 (or I am waiting for a number to be issued),
- (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: _____	Member No: <input style="width: 200px; height: 20px;" type="text"/>
Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Home Phone: _____	Date of Birth: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password: _____
Work Phone: _____	Employer: _____
Employer's Address: _____	
Membership Eligibility: _____	E-mail: _____

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

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TO ORDER 1-800-356-5012

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ACCOUNT OWNERSHIP

Designate the ownership of the share account.

- Individual
 Joint Account with Rights of Survivorship
 Joint Account without Rights of Survivorship

Joint Owner: _____

Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Home Phone: _____	Date of Birth: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password: _____
Work Phone: _____	E-mail: _____

Joint Owner: _____

Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Home Phone: _____	Date of Birth: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password: _____
Work Phone: _____	E-mail: _____

BENEFICIARY DESIGNATIONS

- Payable on Death (POD)/Trust Account

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

AUTHORIZATION

By signing below, I/we certify that all the information on this Account Card is complete and I/we agree to the terms and conditions of the Share Account Agreement on this card and the Truth-in-Savings Disclosure 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	_____	Date	X	_____	Date
Signature			Signature		
X	_____	Date	X	_____	Date
Signature			Signature		