



ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix* Money Market Living Trust Other
Share/Savings Share Draft/Checking Share Certificate

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner Member No. Street City/State/Zip Home Phone Work Phone E-mail Eligibility for Membership

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.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, 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. 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 Signature Date X Signature Date
X Signature Date X Signature Date

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit ATM Card
Overdraft Protection (Indicate transfer priority below) Debit Card
Audio Response
PC Access/Internet Banking Other

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Survivorship Joint Account 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

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All accounts Designate specific account(s)
Beneficiary/POD Payee Beneficiary/POD Payee
Street Street
City/State/Zip City/State/Zip
Agency Print name of Agent Signature (date)
All Accounts Designate specific account(s)
UTTMA/UGMA (as custodian for (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN
Other See Account Authorization Card

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card

Date of Membership Opened /App'd by Member Verification
Credit Report Check Verify PIN Request
Access Card Audio Response PC Access/Internet Banking