

Member Services Request

Important Information About Opening a New Account. To help our government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

MEMBER/OWNE	R INFORMATION
Member/Owner Name:	Member No:
Street:	SSN/TIN:
City/State/Zip:	ID Type (Driver's Lic.):
Home Phone: Listed Unlisted	ID Number (License No.):
Work Phone:	ID Issuing State: ID Issuing Date:
Cell Phone:	ID Exp. Date: Date of Birth:
E-Mail:	Password:
Employer:	Membership Eligibility:
ELECTION OF SHARE OR DEPOSIT	
	t Services
· · · · · · · · · · · · · · · · · · ·	Deduction/Direct Deposit Overdraft Protection (Indicate transfer priority.):
☐ Share Draft/Checking: # ☐ Audio F	
☐ Share Certificate: # ☐ ATM Ca	7 / / /
•	ess/Internet Banking
☐ HSA: # ☐ Debit C	
The account number for each of the accounts listed consists of the suffix number added of the same type, more than one suffix will be listed for that account type.	$\langle \rangle (\langle \rangle \langle \rangle \rangle \langle \rangle \rangle$
ACCOUNT OWNERSHIP — Please complete this section if	you desire joint owners on your share or deposit accounts
Designate the ownership of the accounts and responsibility for the services requested. Individual	☐ Joint Account without Rights to Survivorship
Joint Owner:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.)
Home Phone: Listed Unlisted	ID Issuing State:
Work Phone: Cell Phone:	DEXP. Date of Birth: SSM/TIN: ID Type (Driver's &s.): ID Number (Liverise No.):
E-Mail:	Rassword:
Joint Owner:	SSM/TIN:
Street:	ID Type (Driver's (Pie):
City/State/Zip:	ID Number (License No.):
Home Phone: Unlisted Unlisted	IB Visiking State: ID Issuing Date:
Mark Phone	ID TO Date: ID ISSUING Date
Work Phone: Cell Phone:	Date of Birth:
E-Mail:	IB Visiting State: ID Issuing Date: Date of Birth: Password:
ASCOUNT DESIGNATIONS Please complete this section if Payable on Death (PRD) trust Account All Accounts Designate Speci Beneficiary/POD Payee:	voli decire anv neneticiary on volir chare or denocit accoling
Panaficiany POD Payors	Beneficiary/POD Payee:
SSNTIN:	CONTINE
	SSN/TIN:
SSNTD: Street:	Street:
only/Quity/Zip. 12	City/State/Zip:
UTMA/UGMA (as custodian to)	(minor)
under the Uniform Transfer & Gifts to Minors Act) Agency Narke of Agent:	Minor's SSN/TIN:
Signature:	Date:
All Accounts Designate Specific Accounts:	
Other:	See Account Authorization Card
REQUEST FOR CREDIT — Married appli	cants may apply for a separate account
Individual Credit: Complete the Applicant section about yourself. Complete Other information, NM, NV, TX, WA, WI); or 2) your spouse will use the account; or 3) you are relyin Joint Credit: Complete Applicant and Co-Applicant sections. Each Applicant must indi Credit Card Account: By checking the box for a credit card account, you are request obtain information about these costs, contact us at the address/phone number above. Line-of-Credit and/or Overdraft Protection Account: By checking the box for Line-of-	g on your spouse's income for repayment. vidually complete each section. ing a credit card at this time. There are costs associated with the use of the card. To
receiving an advance today.	Sissing a stock of Stock of the
	OTHER. CO ARRIGANT CROUSE Check all that cont.
APPLICANT	OTHER: CO-APPLICANT SPOUSE Check all that apply.
Name:	Name:
Complete for joint credit, secured credit, or if you live in a community property state:	Complete for joint credit, secured credit, or if you live in a community property state:
☐ Married ☐ Separated ☐ Unmarried (Single - Divorced - Widowed)	☐ Married ☐ Separated ☐ Unmarried (Single - Divorced - Widowed)
I request the following loan account(s):	I request the following loan account(s):
Credit Card Account Credit Limit Requested \$	Credit Card Account Credit Limit Requested \$
□ Line-of-Credit □ Overdraft Protection	Line-of-Credit Overdraft Protection
Housing Status: Rent Own Monthly Payment: \$	Housing Status: Rent Own Monthly Payment: \$
Years at Residence: Mortgage Balance: \$	Years at Residence: Mortgage Balance: \$
Interest Rate: %	Interest Rate: %
Name of Employer:	Name of Employer:
Address:	Address:
Start Date: *Monthly Gross Income: \$	Start Date: *Monthly Gross Income: \$

STATE LAW NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under §766.59, or court decree under §766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

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SIGNATURE FOR WISCONSIN RESIDENTS ONLY	DATE

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury and by signing below, 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).

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.

ACKNOWLEDGMENTS

Credit Report Authorization: By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

For Account and/or Account Service Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice, and to any amendments to these documents that the Credit Union may make from time to time.

For Credit Requests: For LOANLINER Credit Card - By signing below you acknowledge that you have received and agree to the terms and conditions contained in the LOANLINER® Credit Card Agreement and Addendum and to any amendments that may be made to any of these documents from time to time; you understand that the use of any credit card you receive will constitute acknowledgment of receipt and agreement to the terms of the Credit Union's Credit Card Agreement and Addendum; and you grant the Credit Union a security interest in all share and/or deposit accounts that you own now and in the future to secure what you owe under the LOANLINER® Credit Card Agreement and Addendum. When you are in default, you authorize the Credit Union to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or tetleral law if given as security, are not subject to the security interest you have given in your shares and deposits.

For Overdraft/Line-of-Credit > If an overdraft/Ine-of-credit loan account is requested and provided you acknowledge receipt of and agree to be terms of the Overdraft Loan Agreement and Truth-in-Lending Disclosure.

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

FOR CREDIT UNION USE ONLY	See Account Change Card	See Insurance Beneficiary Election
Date of Membership:	Opened/Approved By:	Member Verification:
Credit Report Check Verify	Verification Completion Date:	By:
PIN Request Access Card	Government List(s) Checked: Treasury CIP List	OFAC Other:
Audio Response PC Access/Internet Banking	List Verification Completion Date:	By: