ACCOUNT CARD

All of the terms, conditions, form of account ownership, account selection and other information indicated or this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change, Suffix Share/Savings: Share/Savings: Share Dertif/Checking: Share Dertif/Checking: Share Certificate/Certificate: Other: The account number for each of the accounts listed consists of the suffix added to the end of the Membe Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. 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: Street: SSN/TIN: City/State/Zip: Driver's Lic. No: Date of Birth: Date of Birth: Date of Birth: Work Phone: Employer: Employer: Membership Eligibility: E-mail: 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 abscaped in this lorn is my correct taxpayer identification number (or I am waiting for a number to be abscaped in the list of the last		ACCO	UNT TYPE	
Share/Savings: Money Market:	All of the terms, conditions, form of acc this Card apply to all of the accounts lis	sted unless th	nip, account selection and other i e Credit Union is notified in writing	ng of a change.
Share Draft/Checking: Share Certificate/Certificate: Other: The account number for each of the accounts listed consists of the suffix added to the end of the Membe Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. 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	Share/Savings:		Money Market:	Guillion
Share Certificate/Certificate: The account number for each of the accounts listed consists of the suffix added to the end of the Membe Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. 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			-	
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Member/Owner: Street: SSN/TIN: City/State/Zip: Driver's Lic. No: Home Phone: Date of Birth: Work Phone: Employer: Membership Eligibility: E-mail: 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, are suit of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longe subject to backup withholding, and (3) I am a U.S. clitzen or other U.S. person. For federal tax purposes, you are considered a U.S. person I you are: an individual who is a U.S. clitzen 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 agreements and disclosures applicabl	The account number for each of the a Number listed in the "MEMBER APPLIC	ccounts listed	consists of the suffix added to WNERSHIP INFORMATION" sec	tion. If this Card applies
Street: Street: SSN/TIN: Driver's Lic. No: Date of Birth: Date of	MEMBER APPL	ICATION AN	D OWNERSHIP INFORMATIO	N
Street: SSN/TIN: City/State/Zip: Driver's Lic. No: Date of Birth: Password: Work Phone: Employer: Employer: Employer: Membership Eligibility: E-mail: 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 longe 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) 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. If we access card or EFT service is requested and provided, I/we agree to the term			Member No:	
Street: SSN/TIN: City/State/Zip: Driver's Lic. No: Date of Birth: Password: Work Phone: Employer: Employer: Employer: Membership Eligibility: E-mail: 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 longe 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) 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. If we access card or EFT service is requested and provided, I/we agree to the term	Mombar/Owner			
City/State/Zip: Driver's Lic. No: Date of Birth: Listed	Active process		Englished Announce	
Home Phone: Listed				
Work Phone: Membership Eligibility:	City/State/Zip:		Driver's Lic. No:	
Work Phone: Employer: E-mail: 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. It/we acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we	Home Phone:		Date of Birth:	
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Signature Date Signature Date X	Savings Disclosure, Funds Availability F makes from time to time which are inco and disclosures applicable to the accou- requested and provided, I/we agree to the Agreement and Disclosure. The Interna- this document other than the certification	is and condition of the	ons of the Membership and Accounte, if applicable, and to any amer in. I/We acknowledge receipt of a ces requested herein. If an acces and acknowledge receipt of the El price does not require your conditions avoid backup withholding.	ndment the Credit Union copy of the agreements is card or EFT service is lectronic Fund Transfers
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		Date	Signature	Date
	CUNA Mutual Group 1993, 96, 99, 2000, 01,04, 07, 09, 11, 1	 All rights reserved 		D11005

	ACCOUNT SERVI	CES	
Payroll Deduction/Direct Deposit:		ATM Card:	
Overdraft Protection (Indicate	transfer priority.):	Debit Card:	
		Audio Response:	
PC Access/Internet Banking:		☐ Other:	
	ACCOUNT OWNER	SHIP	
Designate the ownership of the ad		r the services requested.	
☐ 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:	
		Date of Birth:	
☐ Listed ☐ Un	listed	Password:	
Work Phone:		E-mail:	
Joint Owner:			
		SSN/TIN:	
City/State/Zip:		Driver's Lic. No:	
Home Phone:		Date of Birth:	
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Other:		ts: 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:	
Octobro			
Credit Report	Check Verify	PIN Request	