

Membership Account Card

ACCOUNT TYPE

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

- | | | | |
|---|---------|---|---------|
| <input type="checkbox"/> Share/Savings _____ | Suffix* | <input type="checkbox"/> Money Market _____ | Suffix* |
| <input type="checkbox"/> Share Draft/Checking _____ | | <input type="checkbox"/> Living Trust _____ | |
| <input type="checkbox"/> Share Certificates _____ | | <input type="checkbox"/> Other _____ | |

*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 suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____

Member No. _____

Street _____

SSN/TIN _____

City/State/Zip _____

Driver's Lic. No. _____

Home Phone () _____

Date of birth _____

Listed Unlisted

Password _____

Work Phone () _____

Employment _____

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.

X _____
Signature Date

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account, 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 incorporated herein. I/we have received and read 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.

X _____
Signature Date

X _____
Signature Date

ACCOUNT SERVICES

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

ACCOUNT OWNERSHIP

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

- Individual
- Joint Account with 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) _____
- Personal Custodian Account (as custodian for _____).
- UTTMA/UGMA** (as custodian for _____ (minor) under the
 Missouri Transfers to Minors Law) 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