

Joint Share Account Agreement (Not Transferable)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the 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 who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

(FRONT)

The _____
Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to 1) the terms and conditions of the account as established by the credit union from time to time; and 2) conform to the credit union's By-Laws and Amendments thereof.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

Joint Account No. _____ Date _____

Signature of Owner Name (1) _____ Date _____

Signature of Owner Name (2) _____ Date _____

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, **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. person (including a U.S. resident alien).

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

Signature _____ Date _____

(Certification instructions: You must 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.)

This application approved by the: Board Executive Committee Membership Officer

Date: _____ Signed: _____
(Person representing approver of application)

ACCOUNT NUMBER

Name _____
Last First Mid Int.

_____ CREDIT UNION

Owner Name (1) _____

Address/Phone _____

Employer/Phone _____

Date of Birth _____ Mother's Maiden Name _____

Type of ID used to verify identity _____

ID No. _____ SSN/TIN* _____

Eligibility based on _____
(If family relationship, specify type of relationship and name of family member.)

Owner Name (2) _____

Address/Phone _____

Employer/Phone _____

Date of Birth _____ Mother's Maiden Name _____

Type of ID used to verify identity _____

ID No. _____ SSN/TIN* _____

*Taxpayer Identification Number

ACKNOWLEDGEMENT

By signing below, I/we acknowledge receipt of the Credit Union's separate account disclosures (listed below), and agree to be bound by all of the terms and conditions of the disclosures and this application, and any amendments thereto, or to those contained in any membership agreement and disclosures provided to me/us at any time, which conditions contained therein are fully incorporated herein. I/we certify that the information on this application is true and correct. I/we understand that this account is established subject to the laws of the State of _____. The Credit Union is authorized to make whatever inquiries it deems necessary of others concerning the information contained in this application, and to provide information arising out of my/our transactions with the Credit Union with consumer reporting agencies.

- Electronic Fund Transfers (EFT) Agreement
- Truth in Savings Disclosure
- Funds Availability Policy
- Privacy Policy
- Terms & Conditions of Your Account
- Other: _____

(BACK)

Signature of Owner Name (1)

Signature of Owner Name (2)