



MEMBERSHIP APPLICATION AND ACCOUNT AGREEMENT FORM

MEMBER INFORMATION

Member/Owner Name _____ Account Number: _____
 Address _____ Social Security/TIN _____ - _____ - _____
 City _____ State _____ Zip _____ Date of Birth ____/____/____
 Driver's License # _____ I qualify for membership because _____
 Home Phone # _____ Work Phone # _____

SIGNATURES

I/We certify that the account information on the Membership Application and Account Agreement Form is complete and true. The undersigned and the joint owners who have signed below acknowledge that they (or one of them) have received all relevant account disclosures for below services and a copy of the Account Agreement; and an opportunity to receive a copy of this Account Agreement Form.

_____/_____/_____
Member Signature **Date**

ACCOUNT OWNERSHIP TYPE

- Individual Ownership Joint Ownership with Survivorship
 Individual with Beneficiary Joint with Beneficiary
 Custodian for _____ under the Illinois Uniform Transfers to Minors Act

BENEFICIARY INFORMATION

Unless otherwise noted, funds remaining in the account at the time of death will be distributed equally.

Beneficiary Name	Date of Birth	S/S Number	Relationship	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A Regular Share Savings account is required to be eligible for other savings/account options available. Account types opened now or in the future are covered by this Account Agreement Form. Accounts selected, and all information indicated on this card applies to all of the accounts listed below, unless indicated on an Account Addendum Form, with equal or subsequent dates of this account card. You agree to all account terms and conditions set forth in the disclosures given to you at the time of opening your account (s).

ACCOUNT PRODUCTS

- Prime Share Savings Minimum Balance Checking Free Checking with direct Deposit
 Holiday Club Vacation Club Certificate of Deposit - Term _____
 Sub-Savings Other _____ Other _____

ACCOUNT SERVICES

VISA Debit Card * (Only available for checking account)

Savings ATM Cash Card *

Direct Deposit/ Payroll Deduction (Payroll Authorization Card Required)

Other _____

* Completion of VISA Debit Card or Savings ATM Card application required *

JOINT OWNER INFORMATION

Joint Owner Name _____

Address _____

Social Security/TIN _____ - _____ - _____

City _____ State _____ Zip _____

Date of Birth _____ / _____ / _____

Home Phone # _____

Work Phone # _____

Driver's License # _____

_____/_____/_____
Joint Owner Signature Date

JOINT OWNER INFORMATION

Joint Owner Name _____

Address _____

Social Security/TIN _____ - _____ - _____

City _____ State _____ Zip _____

Date of Birth _____ / _____ / _____

Home Phone # _____

Work Phone # _____

Driver's License # _____

_____/_____/_____
Joint Owner Signature Date

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under the penalties of perjury, I, the **Primary Member**, certify that the Social Security Number (SSN)/ Tax Identification Number (TIN) shown is my/the correct identification number, and that I am not subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of failure to report all interest/dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and that I am a U.S. person (including a U.S. resident alien).

SSN/TIN # _____ Signature _____ Date _____ / _____ / _____

PROXY

The member does hereby constitute and appoint the members of the Board of Directors of this Credit Union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which member is entitled, for the election of directors, mergers and any matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

- If checked, member agrees to the terms of this Proxy
- If checked, separate resolution is on file (for corporation, partnership, association or club)