

Membership Application

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all 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	_____
<input type="checkbox"/> Share Draft/Checking	_____			<input type="checkbox"/> Living Trust	_____
<input type="checkbox"/> Share Certificate	_____			<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 account of the same type, 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 _____
<input type="radio"/> Listed <input type="radio"/> 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.)
- (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 Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are 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

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 _____
- MTML** (as custodian for _____ (minor) under the Missouri Transfer to Minor Law)
Minor's TIN/SSN _____
- Agency** Print name of Agent _____
Signature _____ Date _____
All accounts Designate specific account(s) _____
- Personal Custodian Account (as custodian for _____)
- 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