

MEMBER APPLICATION & AGREEMENT

COPY DRIVERS LICENSE

Flossmoor Credit Union

MEMBER INFORMATION

Email _____
cell # _____

Name _____
Address/City/State/ZIP _____
SSN/TIN _____ Phone _____
Date of Birth _____ Driver's Lic. # _____ MMN _____
Present Employer (name & address) _____
Phone _____
I qualify for membership in this Credit Union because _____
Name & address of someone who will always know your location _____

JOINT OWNERS/MINOR INFORMATION

Name _____
Address/City/State/ZIP _____
SSN/TIN _____ Phone _____
Date of Birth _____ Driver's Lic. # _____ MMN _____
Name _____
Address/City/State/ZIP _____
SSN/TIN _____ Phone _____
Date of Birth _____ Driver's Lic. # _____ MMN _____

OWNERSHIP OF ACCOUNT

SELECT ONE OWNERSHIP TYPE AND, IF APPLICABLE, INCLUDE A BENEFICIARY DESIGNATION. THE OWNERSHIP TYPE AND BENEFICIARY DESIGNATION SPECIFIED ON THIS DOCUMENT WILL REMAIN THE SAME FOR ALL ACCOUNTS LISTED BELOW.

- 1. INDIVIDUAL
- 2. JOINT WITH SURVIVORSHIP (and not as tenants in common)
- 3. MEMBER AS CUSTODIAN FOR MINOR UNDER THE ILLINOIS UNIFORM TRANSFER TO MINORS ACT (UTMA)
- 4. TRUST - SEPARATE AGREEMENT DATED _____
- 5. _____

BENEFICIARIES: REVOCABLE TRUST OR PAY-ON-DEATH DESIGNATION AS DEFINED IN THE ACCOUNT TERMS AND CONDITIONS: (Place name and address of beneficiaries below.)

ACCOUNT TYPE

Number of signatures required for withdrawal _____

SIGNATURES & CERTIFICATIONS

BACKUP WITHHOLDING CERTIFICATION - Check box (A) only if true or (B) below:

(A) By signing below, I (name) _____ certify under penalties of perjury that (1) the Taxpayer Identification Number (TIN) shown above is my correct TIN and I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends or (b) the IRS has notified me that I am no longer subject to backup withholding and (2) I am a U.S. person (including a U.S. resident alien).

(B) A separate Certification has been completed.

By signing below, the undersigned apply for membership in this Credit Union; agree to its by-laws and the terms and conditions of any approved account, as amended from time to time; and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify that information provided on this Application is true and correct and that the terms on the Application apply to all accounts held by the undersigned at this Credit Union. By checking the boxes below, the undersigned acknowledge receipt of the named disclosures and the terms and conditions that apply to any approved account.

Funds Availability Truth-In-Savings Electronic Fund Transfers Privacy _____

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

(1) X _____ (Date) _____ Member/Account # _____
Member Signature
(2) X _____ (Date) _____ Relationship to Member _____
Signature
(3) X _____ (Date) _____ Relationship to Member _____
Signature

AGENTS - THE INDIVIDUAL SIGNING ABOVE ON LINE _____ IS SIGNING AS:

A Successor Custodian of a UTMA account _____

CREDIT UNION USE ONLY

ACCT. TITLE _____

ACCT. SERVICES _____
INITIAL AMOUNT \$ _____ FORM: CASH _____

APPLICATION APPROVED (date) _____ BY _____