



124 South Ridgedale Avenue
East Hanover, NJ 07936-3190
973-947-1000 • FAX: 973-947-1001

MEMBERSHIP APPLICATION & AGREEMENT

Membership Number

Account Type(s): ☐ Share ☐ Club ☐ Share Draft
☐ Money Market ☐ Term Share Certificate (describe term in months) _____ Months

Account Ownership: ☐ Single-Party ☐ Multiple-Party With Right of Survivorship ☐ Multiple-Party Without Right of Survivorship
☐ Payable-on-Death (POD) ☐ Power of Attorney ☐ Trust ☐ UTMA

Primary Owner Information

☐ Member ☐ Trust

Are You a Non-Resident Alien? ☐ Yes ☐ No

Name (First, Last, MI & Suffix, or Name of Trust)					Birth Date or Date of Trust	
Physical Address			City		State	Zip
Mailing Address (if different than above)			City		State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number		Eligibility
E-Mail Address		Mother's Maiden Name		Employer		Occupation

Owner 2 Information

☐ Joint Owner ☐ Trustee ☐ Custodian ☐ Attorney-In-Fact ☐ Other Specify: _____

Name (First, Last, MI & Suffix, or Name of Trust)					Birth Date or Date of Trust	
Physical Address			City		State	Zip
Mailing Address (if different than above)			City		State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number		Eligibility
E-Mail Address		Mother's Maiden Name		Employer		Occupation

Owner 3 Information

☐ Joint Owner ☐ Trustee ☐ Custodian ☐ Attorney-In-Fact ☐ Other Specify: _____

Name (First, Last, MI & Suffix, or Name of Trust)					Birth Date or Date of Trust	
Physical Address			City		State	Zip
Mailing Address (if different than above)			City		State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number		Eligibility
E-Mail Address		Mother's Maiden Name		Employer		Occupation

Owner 4 Information

☐ Joint Owner ☐ Trustee ☐ Custodian ☐ Attorney-In-Fact ☐ Other Specify: _____

Name (First, Last, MI & Suffix, or Name of Trust)					Birth Date or Date of Trust	
Physical Address			City		State	Zip
Mailing Address (if different than above)			City		State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number		Eligibility
E-Mail Address		Mother's Maiden Name		Employer		Occupation

VISA Debit Card/Online Banking

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your linked account. You would like:

☐ VISA Debit Card ☐ Online Banking

Name on Card 1: _____ Name on Card 2: _____

Name on Card 3: _____ Name on Card 4: _____

Payable-On-Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____	Address _____	SSN _____	% _____	DOB _____
Name _____	Address _____	SSN _____	% _____	DOB _____
Name _____	Address _____	SSN _____	% _____	DOB _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfers to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP
WITHHOLDING BY THE FEDERAL GOVERNMENT.

Foreign Person. If You are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-8BEN - Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals).

UTMA Account

For UTMA (Uniform Transfers to Minors Act) Accounts, You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the New Jersey Uniform Transfers to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 21, under the Act.

Owner 2 is named as custodian for the Primary Owner under the State of New Jersey's Uniform Transfers to Minors Act.

Designation of Successor Custodian. You appoint _____ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: (1) when and in the event of Your resignation, death, incompetence, or legal incapacitation; and (2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

Signature of Custodian

Trust

You hereby certify that:

- (1) This is a revocable living trust. Name of Trust _____;
- (2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds;
- (3) The Trust Agreement appoints:

as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

- (4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You indemnify Us from any liability and costs We may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

For revocable living trust accounts, You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this account to the revocable living trust named above.

You agree to be bound by the terms and conditions of this Account with Ridgedale Federal Credit Union and the Credit Union's bylaws, rules and regulations in effect, which are subject to changes from time to time.

Lien Impressionment and Set-Off. You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

Signature of Settlor/Trustee of above Trust

Signature of Settlor/Co-Trustee of above Trust

Signature of Settlor/Co-Trustee of above Trust

Signature of Settlor/Co-Trustee of above Trust

Primary Owner (must be completed when opening account)

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 You 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.

Please answer each of the following questions in their entirety, read the below certification, and affix Your signature if applicable.

1. Name: _____
2. Citizenship Status:
☐ U.S. Permanent Resident; USCIS No. _____ ☐ U.S. Citizen; SSN / TIN _____
☐ Lawful Permanent Resident; USCIS No. _____ ☐ Dual Citizenship; Specify Countries _____
If You are a U.S. Person (e.g. United States Citizen, official United States Permanent Resident, including Trusts or Estates formed under the laws of the United States), You must provide the Credit Union with an acceptable picture-ID that contains an identification number, and You must also provide Your Social Security Number (SSN) or Taxpayer Identification Number (TIN).
If You are NOT a U.S. Person and are instead a foreign person or foreign national, You must provide the Credit Union with an acceptable picture-ID that contains an identification number (e.g. valid passport, valid Employment Visa, valid Student Visa, valid Immigration Visa, so forth and so on), and You must also provide Your Individual Taxpayer Identification Number (ITIN).
3. Will You be using an interpreter in order to communicate with the Credit Union? ☐ Yes ☐ No
If yes, please indicate name and capacity: _____
4. Will a Trustee, Attorney-in-Fact, or Executor be used to establish and maintain Your Account? ☐ Yes ☐ No
If yes, please indicate name and capacity: _____
5. What is Your current employment status? _____
6. What is Your current occupation (or prior occupation if You are not currently employed)? _____
7. What do You expect the most common source(s) of Your deposits to be? (check all that may apply):
☐ Employment Income ☐ Retirement/Pension Income ☐ Funds from another account
☐ Grant/Scholarship ☐ Inheritance ☐ Trust
☐ Investment Income ☐ Legal Settlement ☐ Insurance Claim
☐ Sale of asset ☐ Gift ☐ Gambling winnings
☐ Other: _____
8. Do You anticipate making frequent cash deposits? ☐ Yes ☐ No
 - a. Approximately how much cash do You expect to deposit each month? _____
 - b. Approximately how much cash do You expect to withdraw each month? _____
 - c. Do You own or operate a cash intensive business? ☐ Yes ☐ No
9. Do You anticipate sending or receiving wire transactions on a regular basis? ☐ Yes ☐ No
10. Do You anticipate using electronic transactions on a regular basis (ACH, Zelle, Venmo, etc.)? ☐ Yes ☐ No
11. Do You anticipate transactions to/from persons or companies outside of the United States or its territories? ☐ Yes ☐ No
If yes, to/from which countries do You expect to send/receive transactions: _____
12. Do You hold political office? ☐ Yes ☐ No
If yes, please indicate position and/or title: _____
13. Do any of Your immediate family members hold political office? ☐ Yes ☐ No
If yes, please indicate their name, relationship, position and/or title: _____

Money Service Business (MSB) Certification

By signing immediately below You certify that the Account(s) set forth in this application will not [Emphasis Added], at any time, be used for the purposes of: (i) a currency dealer or exchanger; (ii) a check casher; (iii) the issuance of traveler's checks, money orders or stored value; (iv) redeeming or selling traveler's checks, money orders or stored value; or (v) acting in the capacity of a money transmitter or U.S. Postal Service.

X _____
Signature Date

Notary Signature Acknowledgment Below: Required when submitting by mail or when signer is not present.

State of _____

County of _____

I, _____, a notary public, do certify that on the _____ day of _____, _____, before me personally appeared _____ (name of signer) whose identity was proved to me on the basis of the satisfactory evidence described below to be the person whose name is subscribed to this document, and who acknowledged before me that he/she signed the above/attached document.

ID Number Issue Date Expiration Date

Notary Signature _____ Date _____

Owner 2 (must be completed when opening account)

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 You 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.

Please answer each of the following questions in their entirety, read the below certification, and affix Your signature if applicable.

1. Name: _____
2. Citizenship Status:
☐ U.S. Permanent Resident; USCIS No. _____ ☐ U.S. Citizen; SSN / TIN _____
☐ Lawful Permanent Resident; USCIS No. _____ ☐ Dual Citizenship; Specify Countries _____
If You are a U.S. Person (e.g. United States Citizen, official United States Permanent Resident, including Trusts or Estates formed under the laws of the United States), You must provide the Credit Union with an acceptable picture-ID that contains an identification number, and You must also provide Your Social Security Number (SSN) or Taxpayer Identification Number (TIN).
If You are NOT a U.S. Person and are instead a foreign person or foreign national, You must provide the Credit Union with an acceptable picture-ID that contains an identification number (e.g. valid passport, valid Employment Visa, valid Student Visa, valid Immigration Visa, so forth and so on), and You must also provide Your Individual Taxpayer Identification Number (ITIN).
3. Will You be using an interpreter in order to communicate with the Credit Union? ☐ Yes ☐ No
If yes, please indicate name and capacity: _____
4. Will a Trustee, Attorney-in-Fact, or Executor be used to establish and maintain Your Account? ☐ Yes ☐ No
If yes, please indicate name and capacity: _____
5. What is Your current employment status? _____
6. What is Your current occupation (or prior occupation if You are not currently employed)? _____
7. What do You expect the most common source(s) of Your deposits to be? (check all that may apply):
☐ Employment Income ☐ Retirement/Pension Income ☐ Funds from another account
☐ Grant/Scholarship ☐ Inheritance ☐ Trust
☐ Investment Income ☐ Legal Settlement ☐ Insurance Claim
☐ Sale of asset ☐ Gift ☐ Gambling winnings
☐ Other: _____
8. Do You anticipate making frequent cash deposits? ☐ Yes ☐ No
d. Approximately how much cash do You expect to deposit each month? _____
e. Approximately how much cash do You expect to withdraw each month? _____
f. Do You own or operate a cash intensive business? ☐ Yes ☐ No
9. Do You anticipate sending or receiving wire transactions on a regular basis? ☐ Yes ☐ No
10. Do You anticipate using electronic transactions on a regular basis (ACH, Zelle, Venmo, etc.)? ☐ Yes ☐ No
11. Do You anticipate transactions to/from persons or companies outside of the United States or its territories? ☐ Yes ☐ No
If yes, to/from which countries do You expect to send/receive transactions: _____
12. Do You hold political office? ☐ Yes ☐ No
If yes, please indicate position and/or title: _____
13. Do any of Your immediate family members hold political office? ☐ Yes ☐ No
If yes, please indicate their name, relationship, position and/or title: _____

Money Service Business (MSB) Certification

By signing immediately below You certify that the Account(s) set forth in this application will not [Emphasis Added], at any time, be used for the purposes of: (i) a currency dealer or exchanger; (ii) a check casher; (iii) the issuance of traveler's checks, money orders or stored value; (iv) redeeming or selling traveler's checks, money orders or stored value; or (v) acting in the capacity of a money transmitter or U.S. Postal Service.

X _____
Signature Date

Notary Signature Acknowledgment Below: Required when submitting by mail or when signer is not present.

State of _____

County of _____

I, _____, a notary public, do certify that on the _____ day of _____, _____, before me personally appeared _____ (name of signer) whose identity was proved to me on the basis of the satisfactory evidence described below to be the person whose name is subscribed to this document, and who acknowledged before me that he/she signed the above/attached document.

ID Number Issue Date Expiration Date

Notary Signature _____ Date _____

Owner 3 (must be completed when opening account)

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2. Citizenship Status:
☐ U.S. Permanent Resident; USCIS No. _____ ☐ U.S. Citizen; SSN / TIN _____
☐ Lawful Permanent Resident; USCIS No. _____ ☐ Dual Citizenship; Specify Countries _____
If You are a U.S. Person (e.g. United States Citizen, official United States Permanent Resident, including Trusts or Estates formed under the laws of the United States), You must provide the Credit Union with an acceptable picture-ID that contains an identification number, and You must also provide Your Social Security Number (SSN) or Taxpayer Identification Number (TIN).
If You are NOT a U.S. Person and are instead a foreign person or foreign national, You must provide the Credit Union with an acceptable picture-ID that contains an identification number (e.g. valid passport, valid Employment Visa, valid Student Visa, valid Immigration Visa, so forth and so on), and You must also provide Your Individual Taxpayer Identification Number (ITIN).
3. Will You be using an interpreter in order to communicate with the Credit Union? ☐ Yes ☐ No
If yes, please indicate name and capacity: _____
4. Will a Trustee, Attorney-in-Fact, or Executor be used to establish and maintain Your Account? ☐ Yes ☐ No
If yes, please indicate name and capacity: _____
5. What is Your current employment status? _____
6. What is Your current occupation (or prior occupation if You are not currently employed)? _____
7. What do You expect the most common source(s) of Your deposits to be? (check all that may apply):
☐ Employment Income ☐ Retirement/Pension Income ☐ Funds from another account
☐ Grant/Scholarship ☐ Inheritance ☐ Trust
☐ Investment Income ☐ Legal Settlement ☐ Insurance Claim
☐ Sale of asset ☐ Gift ☐ Gambling winnings
☐ Other: _____
8. Do You anticipate making frequent cash deposits? ☐ Yes ☐ No
g. Approximately how much cash do You expect to deposit each month? _____
h. Approximately how much cash do You expect to withdraw each month? _____
i. Do You own or operate a cash intensive business? ☐ Yes ☐ No
9. Do You anticipate sending or receiving wire transactions on a regular basis? ☐ Yes ☐ No
10. Do You anticipate using electronic transactions on a regular basis (ACH, Zelle, Venmo, etc.)? ☐ Yes ☐ No
11. Do You anticipate transactions to/from persons or companies outside of the United States or its territories? ☐ Yes ☐ No
If yes, to/from which countries do You expect to send/receive transactions: _____
12. Do You hold political office? ☐ Yes ☐ No
If yes, please indicate position and/or title: _____
13. Do any of Your immediate family members hold political office? ☐ Yes ☐ No
If yes, please indicate their name, relationship, position and/or title: _____

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X _____
Signature Date

Notary Signature Acknowledgment Below: Required when submitting by mail or when signer is not present.

State of _____

County of _____

I, _____, a notary public, do certify that on the _____ day of _____, _____, before me personally appeared _____ (name of signer) whose identity was proved to me on the basis of the satisfactory evidence described below to be the person whose name is subscribed to this document, and who acknowledged before me that he/she signed the above/attached document.

ID Number Issue Date Expiration Date

Notary Signature _____ Date _____

Owner 4 (must be completed when opening account)

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

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Please answer each of the following questions in their entirety, read the below certification, and affix Your signature if applicable.

1. Name: _____
2. Citizenship Status:
☐ U.S. Permanent Resident; USCIS No. _____ ☐ U.S. Citizen; SSN / TIN _____
☐ Lawful Permanent Resident; USCIS No. _____ ☐ Dual Citizenship; Specify Countries _____
If You are a U.S. Person (e.g. United States Citizen, official United States Permanent Resident, including Trusts or Estates formed under the laws of the United States), You must provide the Credit Union with an acceptable picture-ID that contains an identification number, and You must also provide Your Social Security Number (SSN) or Taxpayer Identification Number (TIN).
If You are NOT a U.S. Person and are instead a foreign person or foreign national, You must provide the Credit Union with an acceptable picture-ID that contains an identification number (e.g. valid passport, valid Employment Visa, valid Student Visa, valid Immigration Visa, so forth and so on), and You must also provide Your Individual Taxpayer Identification Number (ITIN).
3. Will You be using an interpreter in order to communicate with the Credit Union? ☐ Yes ☐ No
If yes, please indicate name and capacity: _____
4. Will a Trustee, Attorney-in-Fact, or Executor be used to establish and maintain Your Account? ☐ Yes ☐ No
If yes, please indicate name and capacity: _____
5. What is Your current employment status? _____
6. What is Your current occupation (or prior occupation if You are not currently employed)? _____
7. What do You expect the most common source(s) of Your deposits to be? (check all that may apply):

<input type="checkbox"/> Employment Income	<input type="checkbox"/> Retirement/Pension Income	<input type="checkbox"/> Funds from another account
<input type="checkbox"/> Grant/Scholarship	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Trust
<input type="checkbox"/> Investment Income	<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Insurance Claim
<input type="checkbox"/> Sale of asset	<input type="checkbox"/> Gift	<input type="checkbox"/> Gambling winnings
<input type="checkbox"/> Other: _____		
8. Do You anticipate making frequent cash deposits? ☐ Yes ☐ No
 - j. Approximately how much cash do You expect to deposit each month? _____
 - k. Approximately how much cash do You expect to withdraw each month? _____
 - l. Do You own or operate a cash intensive business? ☐ Yes ☐ No
9. Do You anticipate sending or receiving wire transactions on a regular basis? ☐ Yes ☐ No
10. Do You anticipate using electronic transactions on a regular basis (ACH, Zelle, Venmo, etc.)? ☐ Yes ☐ No
11. Do You anticipate transactions to/from persons or companies outside of the United States or its territories? ☐ Yes ☐ No
If yes, to/from which countries do You expect to send/receive transactions: _____
12. Do You hold political office? ☐ Yes ☐ No
If yes, please indicate position and/or title: _____
13. Do any of Your immediate family members hold political office? ☐ Yes ☐ No
If yes, please indicate their name, relationship, position and/or title: _____

Money Service Business (MSB) Certification

By signing immediately below You certify that the Account(s) set forth in this application will not [Emphasis Added], at any time, be used for the purposes of: (i) a currency dealer or exchanger; (ii) a check casher; (iii) the issuance of traveler's checks, money orders or stored value; (iv) redeeming or selling traveler's checks, money orders or stored value; or (v) acting in the capacity of a money transmitter or U.S. Postal Service.

X _____
Signature Date

Notary Signature Acknowledgment Below: Required when submitting by mail or when signer is not present.

State of _____

County of _____

I, _____, a notary public, do certify that on the _____ day of _____, _____, before me personally appeared _____ (name of signer) whose identity was proved to me on the basis of the satisfactory evidence described below to be the person whose name is subscribed to this document, and who acknowledged before me that he/she signed the above/attached document.

ID Number Issue Date Expiration Date

Notary Signature _____ Date _____

Signatures

You hereby apply for membership with Ridgedale Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Ridgedale Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements And Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Ridgedale Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

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

Applicant's (Primary Owner) Signature

Date

Owner 2 Signature

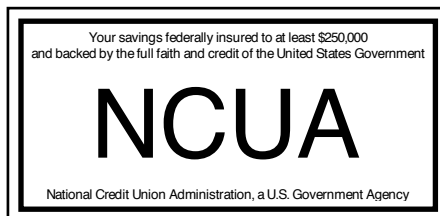
Date

Owner 3 Signature

Date

Owner 4 Signature

Date



Credit Union Use Only

Date of Membership _____ Opened by _____ MSR Signature _____

_____ CIPS _____ OFAC _____ Checks Ordered _____ ChexSystems _____ Cards Ordered

USA Patriot Act Compliance

Primary Owner: DL or ID _____ ID# of Document _____ Place of Issuance _____ Date of Issuance _____ Expiration Date _____

Social Security _____ Information Verified _____

Owner 2: DL or ID _____ ID# of Document _____ Place of Issuance _____ Date of Issuance _____ Expiration Date _____

Social Security _____ Information Verified _____

Owner 3: DL or ID _____ ID# of Document _____ Place of Issuance _____ Date of Issuance _____ Expiration Date _____

Social Security _____ Information Verified _____

Owner 4: DL or ID _____ ID# of Document _____ Place of Issuance _____ Date of Issuance _____ Expiration Date _____

Social Security _____ Information Verified _____