IMPORTANT TAX INFORMATION

You (as the payee) are required by law to provide us (as payor) with your correct taxpayer identification number. If you are an individual, your tax-payer identification number is your social security number. If you have not provided us with your correct identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding.

Backup withholding is different from the 10 percent withholding on interest and dividends that was repealed in 1983. If backup withholding applies, a payor is required to withhold 30 percent of interest, dividends, and other payments made to you. Backup withholding is not an additional tax. Rather, if the tax liability of persons subject to backup withholding results in an overpayment of taxes, a refund may be obtained.

Before you can join the Credit Union you must complete the Tax I.D. Certification Notice on the bottom of this card.

(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 clause two (2) of the certification below.)

TAX IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify:

- 1. That the number shown on the membership card is my correct taxpayer identification number; and
- That I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- 3. I am a U.S. person (including a U.S. resident alien).

The_

D.O.B.

(Relationship)

is hereby authorized to recognize any of the signatures subscribed hereto on either side of this card 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, together with the proceeds of any insurance on said account, 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. On the death of a joint owner, the balance in the account will belong to the surviving joint owner(s).

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.

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 and consent of the Credit Union which shall not affect transactions theretofore made.

Social Security No.

Joint Owner		
	Joint Owner E-Mail Address	
Account Number	NAME-Print	Social Security No.
Mailing and Street	City	1
Address	and State	Zip
	Div.	Work#
	or	
Employer	Dept.	Home#
Date		
of	Husband's first name	
Birth	or Mother's maiden name	

I hereby make application for membership in the

Credit Union and agree to conform to its laws and amendments thereof and subscribe for at least one share. I have read the above account agreement and acknowledge receipt of applicable disclosure(s) and rate and fee schedules.

SIGNATURE $\rightarrow X$

ELIGIBILITY

Date

This application approved by the Membership Officer

_____ Signed