



# Membership Agreement

**Important Information About Opening a New Account.** To help our 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 when opening a new account. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

### MEMBER/OWNER INFORMATION

<b>Member No.</b>	Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Survivorship	
<b>Member/Owner Name:</b>	SSN/TIN:	
<b>Street:</b>	ID Type (Driver's Lic.):	
<b>City/State/Zip:</b>	ID Number (License No.):	
<b>Home Phone:</b> <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	<b>ID Issuing State:</b>	<b>ID Issuing Date:</b>
<b>Work Phone:</b>	<b>ID Exp. Date:</b>	<b>Date of Birth:</b>
<b>Cell Phone:</b>	<b>Password:</b>	
<b>E-Mail:</b>	<b>Membership Eligibility:</b>	
<b>Employer:</b>		
<input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am a citizen of the following country: _____		
Please identify if you, or any of your relatives or associates are connected with the government of a country other than the U.S., and if so, what country:		
<input type="checkbox"/> I am	<b>Country:</b> _____	
<input type="checkbox"/> Relative	<b>Country:</b> _____	<input type="checkbox"/> Associate <b>Country:</b> _____

### ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed below unless the credit union is notified in writing of a change.

Account Type/Suffix #*	Account Type/Suffix #*	Account Services
<input type="checkbox"/> Share/Savings: # _____	<input type="checkbox"/> Teen Green: # _____	<input type="checkbox"/> Payroll Deduction/Direct Deposit
<input type="checkbox"/> Your Choice Checking: # _____	<input type="checkbox"/> Smart Start: # _____	<input type="checkbox"/> Call-24
<input type="checkbox"/> Unbank Checking: # _____	<input type="checkbox"/> Savings Challenge: # _____	<input type="checkbox"/> Visa Check Card/Debit Card
<input type="checkbox"/> Share Certificate: # _____	<input type="checkbox"/> Special Purpose Savings: # _____	<input type="checkbox"/> Online Banking
<input type="checkbox"/> Money Market: # _____	<input type="checkbox"/> IRA: # _____	<input type="checkbox"/> Overdraft Protection: _____
<input type="checkbox"/> Mini Money Market: # _____	<input type="checkbox"/> Other: # _____	

\*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number listed above. If this document applies to more than one account of the same type, more than one suffix will be listed for that account type.

### ACCOUNT OWNERSHIP - Please complete this section if you desire joint owners on your share or deposit accounts

<b>Joint Owner:</b>	SSN/TIN:	
<b>Street:</b>	ID Type (Driver's Lic.):	
<b>City/State/Zip:</b>	ID Number (License No.):	
<b>Home Phone:</b> <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	<b>ID Issuing State:</b>	<b>ID Issuing Date:</b>
<b>Work Phone:</b>	<b>ID Exp. Date:</b>	<b>Date of Birth:</b>
<b>E-mail:</b>	<b>Password:</b>	
<input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am a citizen of the following country: _____		
Please identify if you, or any of your relatives or associates are connected with the government of a country other than the U.S., and if so, what country:		
<input type="checkbox"/> I am	<b>Country:</b> _____	
<input type="checkbox"/> Relative	<b>Country:</b> _____	<input type="checkbox"/> Associate <b>Country:</b> _____

<b>Joint Owner:</b>	SSN/TIN:	
<b>Street:</b>	ID Type (Driver's Lic.):	
<b>City/State/Zip:</b>	ID Number (License No.):	
<b>Home Phone:</b> <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	<b>ID Issuing State:</b>	<b>ID Issuing Date:</b>
<b>Work Phone:</b>	<b>ID Exp. Date:</b>	<b>Date of Birth:</b>
<b>E-mail:</b>	<b>Password:</b>	
<input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am a citizen of the following country: _____		
Please identify if you, or any of your relatives or associates are connected with the government of a country other than the U.S., and if so, what country:		
<input type="checkbox"/> I am	<b>Country:</b> _____	
<input type="checkbox"/> Relative	<b>Country:</b> _____	<input type="checkbox"/> Associate <b>Country:</b> _____

### ACCOUNT DESIGNATIONS - Please complete this section if you desire any beneficiary, custodian, or trustee on your share or deposit accounts

<input type="checkbox"/> <b>Designation of Beneficiary</b>	
<b>Beneficiary Name:</b> _____	<b>Beneficiary Name:</b> _____
<b>Street:</b> _____	<b>Street:</b> _____
<b>City/State/Zip:</b> _____	<b>City/State/Zip:</b> _____

**ACCOUNT DESIGNATIONS (continued)**

**UTMA/UGMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: \_\_\_\_\_ Minor's Date of Birth: \_\_\_\_\_

In Trust For: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other:** \_\_\_\_\_  See Account Authorization Card

**REQUEST FOR CREDIT - Married applicants may apply for a separate account**

**Individual Credit:** Complete the "APPLICANT" section about yourself. Complete "OTHER" information about your spouse if: 1) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI); or 2) your spouse will use the account; or 3) you are relying on your spouse's income for repayment.

**Joint Credit:** Complete "APPLICANT" and "CO-APPLICANT" sections. Each Applicant must individually complete each section.

**LOANLINER® Account:** By checking the box for a LOANLINER® Account, you are opening a Credit Plan even if you are not receiving an advance today.

<b>APPLICANT</b>	<b>OTHER:</b> <input type="checkbox"/> <b>CO-APPLICANT</b> <input type="checkbox"/> <b>SPOUSE</b> <i>Check all that apply.</i>
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Name: \_\_\_\_\_

Name: \_\_\_\_\_

Complete for Joint Credit, Secured Credit, or if you live in a community property state:

Complete for Joint Credit, Secured Credit, or if you live in a community property state:

Married  Separated  Unmarried (Single - Divorced - Widowed)

Married  Separated  Unmarried (Single - Divorced - Widowed)

I request the following loan account.

I request the following loan account.

**LOANLINER® Account** Amount Requested \$ \_\_\_\_\_

**LOANLINER® Account** Amount Requested \$ \_\_\_\_\_

Purpose/Collateral: \_\_\_\_\_

Purpose/Collateral: \_\_\_\_\_

If you would like to apply for a specific loan advance today, please indicate what type of loan subaccount(s) you are interested in::

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Share Secured  Overdraft Line of Credit

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Housing Status:  Rent  Own Monthly Payment \$ \_\_\_\_\_

Housing Status:  Rent  Own Monthly Payment \$ \_\_\_\_\_

Years at Residence: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Years at Residence: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_%  Check if Self-Employed

Interest Rate: \_\_\_\_\_%  Check if Self-Employed

Name and \_\_\_\_\_

Name and \_\_\_\_\_

Address of \_\_\_\_\_

Address of \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ \*Monthly Gross Income \$ \_\_\_\_\_

Start Date: \_\_\_\_\_ \*Monthly Gross Income \$ \_\_\_\_\_

*\*NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.*

**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 (or I am waiting for a number to be issued), and

(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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).

(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. 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) _____
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**ACKNOWLEDGMENTS**

**Credit Report Authorization:** By signing below you authorize the credit union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. The credit union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

**For Credit Requests:** By signing below you acknowledge that you have received and agree to the terms and conditions contained in the LOANLINER® Credit and Security Agreement including the Addendum, disclosures and information related to voluntary payment protection and to any amendments that may be made to any of these documents from time to time; and you grant the credit union a security interest in all share and/or deposit accounts that you own now and in the future to secure what you owe under the LOANLINER® Credit and Security Agreement. When you are in default, you authorize the credit union to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

**For Account and/or Account Service Requests:** By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth in Savings Disclosure, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and Disclosure and Privacy Notice and to any amendments to these documents that the credit union may make from time to time.

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

<b>X</b>	
SIGNATURE	DATE

<b>X</b>	
SIGNATURE	DATE

<b>X</b>	
SIGNATURE	DATE

<b>X</b>	
SIGNATURE	DATE

**ENROLLMENT/APPLICATION AND SCHEDULE FOR VOLUNTARY PAYMENT PROTECTION**

CMFG Life Insurance Company • Madison, WI 53701-0391 • Phone: 800/937-2644

"You" or "Your" means the member and the joint insured (if applicable).

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

- You are eligible for disability insurance only if you are working for wages or profit for 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

**NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.**

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)			COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
	YES	NO		

If you are totally disabled for more than \_\_\_\_\_ days, then the disability benefit will begin with the \_\_\_\_\_ day of disability.

MEMBER	INSURANCE MAXIMUMS		DISABILITY	LIFE
ACCOUNT NUMBER	MONTHLY TOTAL BENEFIT		\$	N/A
SECONDARY BENEFICIARY (If you desire to name one)	INSURABLE BALANCE PER LOAN ACCOUNT		\$	\$
DATE	BORROWER'S DATE OF BIRTH	MAXIMUM AGE FOR INSURANCE		
SIGNATURE OF BORROWER ELIGIBLE TO BE INSURED	DATE	CO-BORROWER'S DATE OF BIRTH		
<b>X</b>	SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)		<b>X</b>	

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<b>FOR CREDIT UNION USE ONLY</b>		<input type="checkbox"/> See Account Change Card
Date of Membership: _____	Opened/Approved By: _____	
Address Verification: _____	SSIN/ACCT Search: _____	
Government List(s) Checked: <input type="checkbox"/> OFAC/Credit Bureau _____		
Credit Score: _____	Checks Ordered: _____	
Debit/ATM Card Ordered: _____	JOCH: _____	
Placed Memos and Flags: _____		