

LCO FEDERAL

Credit Union

Member No. _____

CREDIT UNION MEMBERSHIP APPLICATION

(Applicant) _____

(Phone) _____

(Address) _____

(City) _____

(State) _____

(Zip) _____

The above person or entity hereby applies for membership in and if accepted agrees to conform to the bylaws and any amendments thereto of the above named Credit Union.

(Date of Birth) _____

(Taxpayer Identification No) _____

(Driver's License No. or I.D.) _____

(State) _____

(Issued) _____

(City/State of Birth) _____

Security Code _____

Email _____

(Employer) _____

Phone _____

Employer Address _____

City _____

State _____

Zip _____

X

(Signature of Applicant (or Authorized Person)) _____

Title _____

(Date) _____

Verification of Membership Eligibility

(For credit union use only)

Individual's basis for membership:

- Resides within community.
- Employed within community.
- Employee of sponsor / SEG: _____
- Member of organization listed in FOM: _____
- Member of immediate family of qualified person: _____
- Other: _____

Organization/Association's basis for membership:

- Majority of directors, owners, or members eligible for membership.
- Business location within geographic limits of CU field of membership.
- Public depositor (governmental unit).
- Other: _____

Membership Application: Approved.

Rejected (specify reason):

BY: **X**

CU Signature _____

Title _____

Date _____

CUSTOMER IDENTIFICATION CARD

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government to 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 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.

Member/share acct. no. _____ Other account numbers: _____

Full name: _____ This is an: <input type="checkbox"/> Organization/business <input type="checkbox"/> Individual (date of birth: _____)
Street address: _____
I.D. No. U.S. person (SSN, EIN, or ITIN): _____ Non-U.S. person: <input type="checkbox"/> SSN, EIN, or ITIN: _____ <input type="checkbox"/> Alien I.D. no. _____ <input type="checkbox"/> Passport no./Country of issue: _____ <input type="checkbox"/> Number and country of issuance of any other government-issued document evidencing nationality or residence with a photo or similar safeguard: _____
Occupation/Nature of Business: _____
I certify that the above identification information is true and accurate. X (Member/customer signature) _____ (Date) _____

STATE OF: _____ This certification was acknowledged before me by _____
(If in representative capacity, as _____ of _____)
COUNTY OF: _____

X _____ NOTARY PUBLIC
Signature _____ Date _____
My commission is permanent expires: _____

Account opened: In person By phone By officer/agent: _____
 By internet By mail Other: _____

Individual's identity verified through documents (check all that apply):
 Unexpired driver's license Other unexpired government-issued I.D. showing nationality or residence and bearing a photograph or similar safeguard: _____
 Unexpired passport

Organization's identity verified through documents (check all that apply):
 Certified articles of incorporation Trust instrument
 Government-issued business license Partnership agreement
 Other document showing entity's existence: _____

I.D. document description. Describe any document reviewed to verify identity:
Name of document: _____ Document/I.D. no. _____
Date of issuance: _____ Place/country of issuance: _____
Expiration date (if any): _____ Other notes: _____

Non-documentary verification. Describe other information obtained to verify identity by comparison to information provided by customer:
 Credit report Public database Checked financial institutions reference Contacted customers
 Financial statement ChexSystems® Other: _____
Details: _____
Results, resolution of discrepancies: _____

Comparison to government lists:
 OFAC List Treasury/NCUA-designated list of known/suspected terrorists
Results, any action taken: _____

I certify that I believe the information above verifies the true identity of the named member/customer.

X _____
CU Staff Signature _____ Title _____ Date _____

ACCOUNT OWNERSHIP AGREEMENT

Account Type (Check only one):

Share (Savings) Account

Share Draft (Checking) Account

Money Market Share Account

Club Share (Savings) Account

Other:

Party(ies):

Member/Joint Owner Name

Address

Joint Owner Name

Joint Owner Name

Joint Owner Name

Terms and Conditions: This account is titled in the names of the Party(ies) named above and is subject to the Terms and Conditions provided herein. If jointly held, any one of the account Parties may transact business on this account or pledge the account as security for obligations to the Credit Union. I/We understand and agree that payment of any withdrawal shall be subject to the bylaws of the Credit Union, any restrictions or limitations imposed by applicable law, and these and other terms and conditions disclosed for this account, as amended from time to time. Except to the extent prohibited by the Military Lending Act or its implementing regulations, or other law, I/We grant Credit Union a security interest or lien in this account to secure all obligations any of us may owe to the Credit Union, now or in the future, and consent to the Credit Union applying any amount held in the account to the debt(s) to Credit Union of any Party(ies) to the account. This account is nontransferable except with the consent of the Credit Union and shall earn dividends as determined by the policy of the Credit Union board of directors. Any P.O.D. or joint account survivorship feature of this account shall apply without regard to any requirement to survive an event by any specified period. I also acknowledge receipt of and agree to the terms of the following agreements/disclosures provided upon opening of this account as they may be amended from time to time:

Account Agreement brochure

Privacy

Electronic Fund Transfers

Other:

Funds Availability

Truth in Savings

Other:

Other:

Form of Ownership (Check only one):

Individual Account:

THIS ACCOUNT/CERTIFICATE IS OWNED BY THE PARTY NAMED HEREON.

Joint Account:

THIS ACCOUNT/CERTIFICATE IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).

Individual Account with P.O.D. Beneficiary(ies):*

THIS ACCOUNT/CERTIFICATE IS OWNED BY THE PARTY NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED BELOW.

Joint Account with P.O.D. Beneficiary(ies):*

THIS ACCOUNT/CERTIFICATE IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED BELOW.

*Payable on Death Beneficiary(ies) (Complete only if a P.O.D. Beneficiary option is checked above):

Member/Joint Owner's Signature

Date

Joint Owner's Signature

Date

Joint Owner's Signature

Date

Joint Owner's Signature

Date

Agent Designation under Wis. Stats. § 705.05 (Optional):

Signature of Agent: X

Agent's Name, Address

Transactions regarding this account/certificate may be made by the Agent. No present or future ownership or right of survivorship is conferred by this designation. The authority of this Agent is exercisable notwithstanding the legal disability of any party. All parties to the account must sign below for valid designation; any one party may revoke it.

Signature(s) of All Account Owners

Date

TERMINATION OF AGENT DESIGNATION (Any owner may revoke designation of Agent): The Agent's authority granted above is hereby terminated.

Signature of Account Owner

Date

C.U. Rep. Initials

Taxpayer Identification Number & Certification: Under penalties of perjury I certify that:

- 1. _____ is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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 (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must 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.

You may request IRS Form W-9 with instructions. If you are not a U.S. person, request and complete Form W-8.

Signature of U.S. person

Date

FATCA code (if any)

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 IRS Regulations section 301.7701-7).