

MEMBERSHIP CARD

ACCOUNT TYPE

All of the terms, conditions, form or account ownership, account selection and other information indicated on this card apply to all the accounts listed unless the Credit Union is notified in writing of a change.

- Share/Savings Sharedraft/Checking
 Share Certificate/CD Other

The account number for each of the accounts listed consists of the suffix added to the end of the Member number listed in the "Member Application and Ownership Information" section below. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBERSHIP APPLICATION AND OWNERSHIP

Member No.

Member/Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's License No./State: _____

Home Phone: _____ Date of Birth: _____

Work Phone: _____ Employer: _____

Membership Eligibility: _____ Email: _____

TAX IDENTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify the following:

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 Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest and 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 U.S or under the laws of the U.S.; an estate (other than a foreign estate); or a domestic trust as defined in Regulations section 301.7701.7

Certificate Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-savings disclosure, Funds Availability Policy, if applicable any amendment that 600 AFCU makes from time to time which are incorporated herein. I/we acknowledge receipt of the account agreement. If a debit (EFT) card is requested and provided, I/we agree to the terms and acknowledge receipt of the EFT Agreement and disclosure. The IRS does not require your consent to any provision of this document other than the certifications to avoid backup withholding.

SIGN: _____ Date: _____

SIGN: _____ Date: _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested

Individual Joint with right of survivorship Joint without Right of survivorship

Joint Owner (1): _____

Street: _____ SNN/TIN: _____

City/State/Zip: _____ Driver's Lic. No/State: _____

Home Phone: _____ Date of Birth: _____

Work Phone: _____ Email: _____

Joint Owner (2): _____

Street: _____ SNN/TIN: _____

City/State/Zip: _____ Driver's Lic. No/State: _____

Home Phone: _____ Date of Birth: _____

Work Phone: _____ Email: _____

ACCOUNT DESIGNATIONS

Payable on Death All Accounts or Designate Specific Accounts

Beneficiary Payee: _____ Beneficiary Payee: _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

UTMA/UGMA (as custodian for _____ (minor) under the uniform Transfers/gifts to Minor Act Minors SSN/TIN: _____

Agency Print Name of Agency: _____

Signature: _____ Date: _____

Other: _____

FOR CREDIT UNION USE ONLY

Date of Membership: _____ ID Present/scanned: _____ Approved by: _____