

MEMBERSHIP APPLICATION AND OWNERSHIP INFORMATION

I HEREBY APPLY FOR MEMBERSHIP:		Member No.*	
*To be filled in by the FRB Federal Credit Union			
Name Member/Owner		Social Security # Tax Identification #	
Address: (Street, City, State, Zip)		Driver's License #	
		State and Expiration Date	
Home Phone		Date of Birth	
Work Phone		Password	
Cell Phone		Secure Password Hint	
E-mail		Membership Sponsor	
Employer		Relationship to Sponsor	

SELECT ACCOUNT TYPES

The authorizations and information given herein, and form of ownership chosen in the ACCOUNT OWNERSHIP section, apply to all of the accounts listed below unless the Credit Union is notified in writing of a change.

Select Share Account	Type of Account	Suffix*	Select Share Account	Type of Account	Suffix*
✓	Prime (Regular) Share (Savings)	00		Special Shares (Savings/MM)	05
	Share Draft (Checking)	10		Holiday Club	50
	Vacation Club	60		Special Purpose Club	80
	Traditional IRA	<i>Requires additional forms</i>		Term Share Certificates	<i>Requires additional forms</i>
	Roth IRA			IRA Term Share Certificates	
	Coverdell Education IRA				

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed for that account type. Numbering system is for internal Credit Union identification. For EFT & ACH entries, use Number and designate Checking or Savings.

Select Service ✓	Service	Select Service ✓	Overdraft Protection (Select Primary Coverage Source)			
	Phone Account Access (Audio Teller)		Prime (Regular) Share (Savings)		Use First ✓	
	Online Account Access (Net Teller)		CU Line of Credit (Apply for Loan)			
	Online Bill Payment		Deposit to Credit Union by:			
	Visa® Debit Card					
	Visa® Photo Debit Card		Direct Deposit		Social Security	
	ATM Card		Allotment		Other	
Name Joint Owner #1*						
			Social Security # Tax Identification #			
Address: (Street, City, State, Zip)			Driver's License #			
			State and Expiration Date			
Home Phone			Date of Birth			
Work Phone			Password			
Cell Phone			Secure Password Hint			
E-mail						
Name Joint Owner #2*						
			Social Security # Tax Identification #			
Address: (Street, City, State, Zip)			Driver's License #			
			State and Expiration Date			
Home Phone			Date of Birth			
Work Phone			Password			
Cell Phone			Secure Password Hint			
E-mail						

Name Joint Owner #3		Social Security # Tax Identification #	
Address: (Street, City, State, Zip)		Driver's License #	
		State and Expiration Date	
Home Phone		Date of Birth	
Work Phone		Password	
Cell Phone		Secure Password Hint	
E-mail			

By signing the authorization and under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number
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 withholdings 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. person (including a U.S. resident alien).

Certification Instructions:

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.

Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

By signing below I/we certify that the information on this Membership Application is complete and true and that I/we agree to the terms and conditions of the Membership Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosures. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

Choose **ONE** of the following forms of account ownership by placing your initials next to the chosen form of ownership. The type of account you select may determine how ownership of your property passes on your death. Your Will may not control the disposition of funds held in some of the following forms of account ownership. The selection you make below will apply to all the accounts listed under the Account Type section. Parties to the account are listed under Member/Owner or Joint Owner.

Initials	Initials	Initials	Account ownership types	Initials	Initials	Initials	Account ownership types
			Single-party account designation				Single-party account with payable on death ("POD") designation
			Multiple-party account with Right of Survivorship				Multiple-party account with Right of Survivorship and POD designation
			Multiple-party account without Right of Survivorship				

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries to all the accounts listed under the ACCOUNT TYPE section of this application.

NAME OF BENEFICIARY	SOCIAL SECURITY #	ADDRESS	TELEPHONE

FOR THE CREDIT UNION STAFF ONLY

Open (process) Date: _____ Opened by: _____ Verified by: _____