



Member Application

MEMBER APPLICATION AND OWNERSHIP INFORMATION		Member No:	
Member/Owner:			
Designate the ownership of the accounts. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Survivorship			
SSN/TIN:			
Street:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone:		E-mail Address:	
Employer:	Title:	Hire Date:	
Bus. Phone:		Bus. Address:	
ACCOUNT OWNERSHIP			
Joint Owner:		Member No:	
<input type="checkbox"/> Check if address is same as above		SSN/TIN:	
Street:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone:		E-mail Address:	
Employer:	Title:	Hire Date:	
Bus. Phone:		Bus. Address:	
Joint Owner:		Member No:	
<input type="checkbox"/> Check if address is same as above		SSN/TIN:	
Street:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone:		E-mail Address:	
Employer:	Title:	Hire Date:	
Bus. Phone:		Bus. Address:	
Joint Owner:		Member No:	
<input type="checkbox"/> Check if address is same as above		SSN/TIN:	
Street:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone:		E-mail Address:	
Employer:	Title:	Hire Date:	
Bus. Phone:		Bus. Address:	
ACCOUNT DESIGNATIONS			
<input type="checkbox"/> Payable on Death (POD)			
Beneficiary/POD Payee:		Percentage_____%	
Street:		Street:	
City/State/Zip:		City/State/Zip:	
SSN:		SSN:	
Special Account Types			
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Guardianship <input type="checkbox"/> Estate <input type="checkbox"/> Custodian <input type="checkbox"/> Business <input type="checkbox"/> Non-Profit Organizations <input type="checkbox"/> Other _____			
ACCOUNT SERVICES			
Savings Accounts		Checking Accounts	
<input type="checkbox"/> Regular Savings		<input type="checkbox"/> Regular Checking	
<input type="checkbox"/> Summer/Vacation Club		<input type="checkbox"/> Budget Checking	
<input type="checkbox"/> Christmas Club		<input type="checkbox"/> Student Checking	
<input type="checkbox"/> Prime Time/Senior Account		<input type="checkbox"/> Prime Time Checking	
<input type="checkbox"/> Club Organization		<input type="checkbox"/> Money Market Checking	
<input type="checkbox"/> Money Master/Minor Account		<input type="checkbox"/> Organizational Checking	
<input type="checkbox"/> Money Market		<input type="checkbox"/> Founder's Checking	
<input type="checkbox"/> IRA Share			
<input type="checkbox"/> Term Certificate			
<input type="checkbox"/> Student Account			
Automated Services			
ATM Card			
VISA/ATM Check Card			
Telli			
Payroll/Direct Deposit			
Overdraft Protection by Loan			
Paysmart			
CyberPad			
Bill Payment			
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,			
(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. 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.			
DEPOSIT AUTHORIZATION			
By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time. The terms and conditions of those documents 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. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
<div>X</div>		<div>X</div>	
SIGNATURE		SIGNATURE	
<div>X</div>		<div>X</div>	
SIGNATURE		SIGNATURE	

ELECTION OF LENDING SERVICE					
<b>LOANLINER®Account/Loan:</b> By signing below you are establishing an Open-end LOANLINER®Credit Plan with the credit union. You can open a Credit Plan even if you are not requesting credit today. Once the Credit Plan is opened this allows you to make a loan request now or in the future. Please read the LOANLINER Credit and Security Agreement and Addendum accompanying this form.					
<b>Joint Credit:</b> Each Applicant must <b>individually</b> complete the appropriate section below.					
<b>LOANLINER®Account/Loan:</b> Individual Joint <i>(including ATM/Debit Card Access to the account if Available)</i>					
Amount Requested \$ _____					
<input type="checkbox"/> Personal Signature		Overdraft		Used Auto	
<input type="checkbox"/> Personal Line of Credit		New Auto		Motorcycle	
				Boat	
				Computer	
				Recreational Vehicle	
				Certificate or Share Secured	
APPLICANT			JOINT APPLICANT		
NAME:			NAME:		
NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.			NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		
Employment Income		Other Income		Employment Income	
\$ _____ Per _____		\$ _____ Per _____		\$ _____ Per _____	
Net Gross		Source		Net Gross	
				Source	

LENDING SIGNATURES	
1. You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes, you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. 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. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.	
2. You have received and read the LOANLINER Credit and Security Agreement, including the Addendum ("Agreement"), and a Credit Insurance Certificate. By signing below you agree to be bound by the terms of the Agreement.	
3. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure what you owe under the Agreement. When you are in default, you authorize us 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.	
<div><div>X</div></div>	<div><div>X</div></div>
SIGNATURE	DATE
SIGNATURE	DATE

CREDIT UNION USE ONLY	
Member's Mother's Maiden Name: _____	
Joint's Mother's Maiden Name: _____	
<b>Chex Systems Information:</b>	
Primary: Date SS# Issued: _____	
State SS# Issued: _____	
Joint: Date SS# Issued: _____	
State SS# Issued: _____	
Confirmation of Intent to be Joint: <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone	
Comments: _____	
_____	
By Employee: _____	
Date: _____	

<b>Credit Insurance Application &amp; Schedule</b>	CUNA Mutual Insurance Society • Madison, WI 53701-0391 • Phone: 800/937-2644
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I understand that I have the option of assigning any other policy or policies I own or may procure for the purpose of covering this loan and that credit insurance coverage need not be purchased from the credit union or anyone else in order to obtain the loan.

I understand that credit insurance will stop when I reach the Maximum Age for Insurance and I acknowledge that my date of birth is stated correctly on the application.

If I enrolled for credit life insurance coverage by telephone, I understand that I have 30 days from the date I receive this acknowledgement form to rescind the credit life insurance coverage.

_____	_____
Initials of Member	Initials of Joint Insured

"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)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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	GROUP POLICY NUMBER
MAX. MONTHLY TOTAL DISABILITY BENEFIT \$ _____ N/A	
MAX. TOTAL DISABILITY BENEFIT PER LOAN \$ _____ N/A	
MAX. BENEFIT DISABILITY DURATION _____ N/A	
SECONDARY BENEFICIARY (If you desire to name one)	DATE OF ISSUE OF THIS CERTIFICATE
MAX. AMT. OF LIFE INSURANCE PER MEMBER N/A \$ _____	
MAX. AGE FOR INSURANCE _____	
DATE	MEMBER'S DATE OF BIRTH
DATE	
JOINT INSURED'S DATE OF BIRTH	
SIGNATURE OF MEMBER (Be sure to check one of the boxes above)	
SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)	
<div>X</div>	
<div>X</div>	