

COMMUNITY 1 FEDERAL CREDIT UNION ACCOUNT CARD, MEMBERSHIP ACCOUNT AND SERVICES APPLICATION			<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> OTHER:	
1. Member Information: Print Your Full Name [Including M.I. and Suffixes – Jr., Sr.,] IF YOUR ROLL IS OTHER THAN AS AN OWNER INDICATE YOUR ROLL BELOW: <input type="checkbox"/> TRUSTEE <input type="checkbox"/> CUSTODIAN <input type="checkbox"/> OTHER: (Describe: _____)		E-Mail Address to be used for Contact:		
Member Number:	Title of Account [If Different from 1. Above. Example: Doe Family Living Trust]:	Member SSN or TIN:		
Street Address: Apt.#:	Driver's License or Other Government ID Number of Natural Person In 1., Above: Type of ID State: No. Issue: Exp: NA – Non-Natural Members	Other ID and # For Natural Person in 1., Above: Describe: _____ #: Iss. & Exp: _____ / _____ NA – Non-Natural Members		
City:	State:	Zip Code:	Date of Birth or Date Created:	
Residential Phone Number: <input type="checkbox"/> Check if Unlisted Number to be used for Contact: <input type="checkbox"/> Same <input type="checkbox"/> Other: _____ If Other, to whom is this number listed:		Occupation: Business Phone Number: Business Address:	Membership Eligibility: (Employment, Family, Other): Primary Source of Deposits to Your Account(s): Optional – Dep. On Due Diligence Assessment per FFIEC Manual	
2. Optional – Dep. On Due Diligence Assessment per FFIEC Manual -- Name of Member's Prior Financial Institution: Street Address: Account Number: City: State: Zip:				
3. Account(s) Requested: [Select Accounts Using the Boxes Below. With the Exception of IRA Accounts, All Accounts Selected will be Jointly Owned if this Card Lists any "Joint Owner(s)".] <input type="checkbox"/> Savings Account <input type="checkbox"/> Share Savings Certificate Account <input type="checkbox"/> Non-Dividend Bearing Account <input type="checkbox"/> Checking Account <input type="checkbox"/> IRA Savings Account (No Joint) (This account does not pay dividends) <input type="checkbox"/> Christmas Club Account <input type="checkbox"/> UGMA/UTMA Account <input type="checkbox"/> Minor's Account Successor Custodian/Trustee: _____ <input type="checkbox"/> POD Account <input type="checkbox"/> Other: _____				
4. OTHER PARTIES: <input type="checkbox"/> CHECK HERE IF JOINT OWNER(S) APPLYING FOR MEMBERSHIP AND PROVIDE ELIGIBILITY BELOW. Parties listed herein will be deemed joint owners unless you indicate another roll on this account below: <input type="checkbox"/> TRUSTEE <input type="checkbox"/> CUSTODIAN <input type="checkbox"/> OTHER: (Describe: _____)				
Name: (please print)		Date of Birth:	Social Security#:	Driver's License#:
2. _____		_____	_____	DL# State: Iss. & Exp: _____
Address: _____		Other ID and #:	Membership Eligibility:	
Name: (please print)		Date of Birth:	Social Security#:	Driver's License#:
3. _____		_____	_____	DL# State: Iss. & Exp: _____
Address: _____		Other ID and #:	Membership Eligibility:	
Name: (please print)		Date of Birth:	Social Security#:	Driver's License#:
4. _____		_____	_____	DL# State: Iss. & Exp: _____
Address: _____		Other ID and #:	Membership Eligibility:	
5. AUTHORIZED SIGNATURES: BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND ON THE REVERSE SIDE OF THIS CARD.				
1. _____		3. _____		
Signature Date		Signature Date		
2. _____		4. _____		
Signature Date		Signature Date		

SEE THE REVERSE SIDE OF THIS APPLICATION FOR IMPORTANT AGREEMENTS AND CERTIFICATIONS TO US AND TO THE FEDERAL GOVERNMENT.

SIGNATURES, CONSENTS AND AGREEMENTS: Each applicant, authorized user or other party signing above, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of ABC Federal Credit Union ("Credit Union"). I certify that I am within the field of membership of this Credit Union if membership is requested. I/we certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by any terms and conditions in this card, and in the Accounts & Services of the Credit Union Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s), services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.** This card authorizes the Credit Union to open future sub-accounts and/or services in the names of the owners or Account Title listed above.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding on the reverse side of this Card. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, each signing party certifies 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). 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.

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT: To help the 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 who opens an Account. What this means for You: When You open an Account, We will ask You 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.

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON REVERSE SIDE): The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

ACCOUNT SERVICES: (Select the services requested with regard to the account selected on the reverse side. NOTE: Some services are not available for certain accounts.)

<input type="checkbox"/> ATM/Debit Card*	<input type="checkbox"/> Telephone Response*	IF APPROVED: Overdraft Protection will make transfers from the accounts listed below in the order of priority listed: 1. Account or Loan Account No. _____ 2. Account or Loan Account No. _____
<input type="checkbox"/> Payroll Deduction/Direct Deposit*	<input type="checkbox"/> Home Banking/Bill Pmt.*	
<input type="checkbox"/> Overdraft Protection*	<input type="checkbox"/> Other: _____	

*A separate application may be required for this service. No protection from a loan account is provided unless approved for an overdraft loan account.

Credit Union Use Only:

Approval Notes: _____ **DRAFTING NOTE: ADD SUCH APPROVAL VERIFICATION INFORMATION AS YOU SEE FIT.**

PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD - NOT TO BE USED FOR IRA OR OTHER RETIREMENT PLAN ACCOUNTS.

1. Name: Address:	Relationship: Birth date:	Beneficiary's SSN:
2. Name: Address:	Relationship: Birth date:	Beneficiary's SSN:

This POD designation only applies to the Account(s) Listed on the Reverse Side. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. I understand that upon the death of all account owners these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

CREDIT UNION NOTES: The above applicant(s) membership approved:

Date: _____ By: _____ (MEMBERSHIP OFFICER)

Account Opened: In Person By Mail Internet Indirect Lending Other: _____

Member/Owner/User Identification Verified via:

1. <input type="checkbox"/> Driver's License. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Existing Member Per Policy	Verified By: _____
2. <input type="checkbox"/> Driver's License. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Existing Member Per Policy	Verified By: _____
3. <input type="checkbox"/> Driver's License. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Existing Member Per Policy	Verified By: _____
4. <input type="checkbox"/> Driver's License. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Existing Member Per Policy	Verified By: _____

Entity Other Than Natural Person:

Document(s) Reviewed: _____ Existing Member Per Policy **Verified By:** _____

PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD - NOT TO BE USED FOR IRA OR OTHER RETIREMENT PLAN ACCOUNTS.

1. Name: Address:	Relationship: Birth date:	SSN:
2. Name: Address:	Relationship: Birth date:	SSN:
<p>Contingent Beneficiaries (Use Only if you Name a Single "Individual" Beneficiary Above). If you have named more than one primary beneficiary, then any election below will be disregarded.</p> <p>If the designated Single Individual POD beneficiary is deceased, then payable on the death of the account owner to the following Contingent Beneficiaries, in equal shares:</p>		
1. Name: Address:	Relationship: Birth date:	SSN:
2. Name: Address:	Relationship: Birth date:	SSN:
<p>If the designated Single Individual POD beneficiary is deceased, then payable on the death of the account owner to the following Contingent Beneficiaries:</p> <p>(Name of Beneficiary), (Name of Beneficiary), and (Name of Beneficiary), as contingent beneficiaries, in equal share."</p>		
<p>These POD designations only apply to the Account(s) Listed on the Reverse Side. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. If any beneficiary is not living funds shall be paid as expressly required by applicable state law; and if there is no express state law, then pursuant to the provisions set forth in the Membership Agreement with the Credit Union.</p>		