

MEMBER APPLICATION

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: _____ Member No: _____

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

Individual Joint (G.S. 54-109.58) with right of survivorship in this account

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58, that the Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature, and upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

Street:	SSN/TIN:
City/State/Zip:	Identification #: _____ Issue Date: _____
Mailing Address if different:	Exp. Date: _____
	Date of Birth: _____
Home Phone: _____ Mobile Phone: _____	Mother's Maiden Name: _____
Work Phone: _____ Ext. _____	Membership Eligibility: _____
Employer: _____	E-mail: _____

ACCOUNT OWNERSHIP

1. **Joint Owner:** If required by the Credit Union, removal of a Joint Owner requires consent of all owners, and we will hold Credit Union harmless for actions regarding account access. The removed joint owner(s) relinquishes ownership interest including any membership share in the account(s). The relinquishment does not affect our obligation on any loan(s).

Joint Owner:	SSN/TIN:
Street:	Identification #: _____ Issue Date: _____
City/State/Zip:	Exp. Date: _____
Mailing Address if different:	Date of Birth: _____
	Mother's Maiden Name: _____
Home Phone: _____	E-mail: _____
Work Phone: _____ Ext. _____ Mobile Phone: _____	

Joint Owner:	SSN/TIN:
Street:	Identification #: _____ Issue Date: _____
City/State/Zip:	Exp. Date: _____
Mailing Address if different:	Date of Birth: _____
	Mother's Maiden Name: _____
Home Phone: _____	E-mail: _____
Work Phone: _____ Ext. _____ Mobile Phone: _____	

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

I/We understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57 that: (1) during my/our lifetime I/we may withdraw the money in the account; and (2) by written direction to the Credit Union I/we individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries, and the money will not be inherited by my (or our) heirs or be controlled by will.

Beneficiary/POD Payee: Street: City/State/Zip: Relationship: SS#/TIN:	Beneficiary/POD Payee: Street: City/State/Zip: Relationship: SS#/TIN:
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UTTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____

Personal Agency Account: I understand that by establishing a personal agency account under the provisions of N.C.G.S. 54-109.63 that the agent named in the account may (1) sign checks drawn on the account; and (2) make deposits into the account. I also understand that upon my death the money remaining in the account will be controlled by my will or inherited by my heirs.

Agency Name of Agent: _____
Signature: _____ (date) _____
 All Accounts Designate Specific Account(s): _____

Other: _____ See Account Authorization Card

ACCOUNT / SHARE TYPE

Rainbow Savers Share Savings Checking Other _____
 Teen Account Money Market Share Certificate

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:
 Touch Teller: ATM/Debit Card:
 MFCU@Home: Other:
 e-Notices:
 Overdraft Protection (Indicate transfer priority and Acct #)

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.

LIFE INSURANCE DESIGNATION OF BENEFICIARY

The designation shall be effective when duly executed by the insured member, delivered to and filed with MFCU, and during the lifetime of the designated beneficiary. A separate Designation of Beneficiary form which includes the Consent of Spouse must be completed and attached if (1) the insured is a resident of a Community Property State, and (2) the insured is married, and (3) the beneficiary or the other person entitled to the Life Savings Insurance is not the spouse. I do hereby designate the following as my beneficiary, if living, to receive any and all sums of money paid to MFCU by CUNA Mutual Insurance Group under MFCU's Life Savings Plan. This designation takes precedence over earlier designation(s). Payment of insurance proceeds shall discharge MFCU from any and all liability to the extent of such payment.

Name _____ Relationship _____
Address _____
Phone _____ Member (Primary) Signature **X** _____

ELECTION OF LENDING SERVICE . . .

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if: (1) you live in or the property pledged as collateral is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI); (2) your spouse will use the account; or (3) you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying.

Joint Credit: If you are applying with another person, complete the **Applicant** and **Other** sections.

LOANLINER Account/Loan: By checking the box for LOANLINER Account/Loan 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.

Credit Card Account: By checking the box for the Credit Card Account below you are requesting a credit card at this time.

Please be sure to indicate below whether you prefer an individual or joint account for both accounts below.

LOANLINER Account/Loan: Individual Joint
(Including ATM/Debit Card Access to the Account if Available)

Credit Card Account: Individual Joint
(See Addendum and Agreement for Card Terms)

Amount Requested \$ _____

Credit Limit Requested \$ _____

Purpose/Collateral: _____

If Authorized User, Name: _____

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment Other _____

APPLICANT		
NAME (Last - First - Initial)		
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
		MONTHS AT THIS ADDRESS
		MONTHLY RENT OR MORTGAGE PAYMENT \$
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
EMPLOYMENT/INCOME		
NAME AND ADDRESS OF EMPLOYER		
POSITION/GRADE	START DATE	EAS DATE
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
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	
MONTHLY GROSS INCOME \$ _____	SOURCE _____	
ANNUAL GROSS INCOME \$ _____		
REFERENCE		RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME PHONE

OTHER			<input type="checkbox"/> CO-APPLICANT
NAME (Last - First - Initial)			
PRESENT ADDRESS (Street - City - State - Zip)			<input type="checkbox"/> OWN <input type="checkbox"/> RENT
			MONTHS AT THIS ADDRESS
			MONTHLY RENT OR MORTGAGE PAYMENT \$
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			
EMPLOYMENT/INCOME			
NAME AND ADDRESS OF EMPLOYER			
POSITION/GRADE	START DATE	EAS DATE	
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS		
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		
MONTHLY GROSS INCOME \$ _____	SOURCE _____		
ANNUAL GROSS INCOME \$ _____			
REFERENCE			RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			HOME PHONE

OTHER INFORMATION ABOUT YOU

- ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?
- DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?
- ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?
FOR WHOM (Name of Others Obligated on Loan): _____ TO WHOM (Name of Creditor): _____

APPLICANT		OTHER	
YES	NO	YES	NO

STATE LAW NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is

furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

X _____
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

SIGNATURES

1. You promise that everything you have stated above is correct. You authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with your request for membership and/or credit and for any update, renewal or extension of the credit received. You understand the Credit Union will rely on the information above and in your credit reports. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

2. By signing below you acknowledge receipt of the following agreements and disclosures: the Membership and Account Agreement and the Truth in Savings Rate and Fee Schedule, which apply to any share, share draft/checking, certificates or other share accounts you open; the Funds Availability Policy Disclosure, which applies to any share draft/checking accounts you open; the Electronic funds Transfer Agreement and Disclosure, which applies to any electronic fund transfer (EFT) services you obtain; and the LOANLINER Credit and Security Agreement, including the Addendum and Credit Insurance Certificate, which applies if you open a loan account. Your signature below means you agree to the terms and conditions of the disclosures/agreements that apply to any EFT service, share account, or loan account you have requested in this application and which you obtain from us.

X _____
SIGNATURE DATE

X _____
SIGNATURE DATE

3. If you are applying for a credit card, you understand that the use of your credit card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

4. If you are applying for a LOANLINER Plan, you grant us a security interest in all individual and joint accounts you have with us now and in the future to secure what you owe under the LOANLINER Credit and Security Agreement and if you have applied for a Credit Card, under the Credit Card 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.

5. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

X _____ We intend to apply for Joint Credit DATE

X _____ SIGNATURE DATE

"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
Single Credit Disability			\$.155	
Single Credit Life			\$.068	
Joint Credit Life			\$.115	

UNDER 'DEFINITION OF TOTAL DISABILITY,' (C) IS WAIVED.

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 1st day of disability.

ACCOUNT NUMBER	GROUP POLICY NUMBER	INSURANCE MAXIMUMS		DISABILITY	LIFE
	032-0265-6	MAX. MONTHLY TOTAL DISABILITY BENEFIT		\$ 1,100.00	N/A
NAME OF YOUR EMPLOYER		MAX. INSURABLE BALANCE PER LOAN ACCT.		\$ 75,000.00	\$ 75,000.00
SECONDARY BENEFICIARY (If you desire to name one)		MAXIMUM AGE FOR INSURANCE		66	70
DATE OF ISSUE OF THE CERTIFICATE					

DATE MEMBER'S DATE OF BIRTH DATE JOINT INSURED'S DATE OF BIRTH

X

SIGNATURE OF MEMBER (Be sure to check one of the boxes above) AGE

APP.825-1193NC

X

SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected) AGE

FOR CREDIT UNION USE ONLY			<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
Date of Membership	Opened/App'd by:	Member Verification Methods:		
<input type="checkbox"/> Credit Report	<input type="checkbox"/> ChexSystems	<input type="checkbox"/> Access Card		