

C.U.P. FEDERAL CREDIT UNION ACCOUNT CARD

ACCOUNT TYPE

All of the items, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change

- Share/Savings Share Certificate
 Share Draft/Checking Other _____

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____ Member No. _____
 Street _____ SSN/TIN _____
 City/State/Zip _____ Driver's Lic. No. _____
 Home Phone () _____ Date of Birth _____
 Work Phone () _____ Mother's Maiden Name _____
 Cell Phone () _____ Employment _____
 E-mail _____
 Eligibility for Membership _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number.
- 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
- 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.

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 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. **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 _____ X _____
 Signature Date Signature Date
 X _____ X _____
 Signature Date Signature Date

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit Debit Card (see checking application)
 Overdraft Protection (see checking application) Audio Response

ACCOUNT OWNERSHIP

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

- Individual Joint Account with Survivorship Joint Account without Survivorship

Joint Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No. _____
 City/State/Zip _____ Date of Birth _____
 Home Phone () _____ Mother's Maiden Name _____
 Work Phone () _____ E-mail _____

Joint Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No. _____
 City/State/Zip _____ Date of Birth _____
 Home Phone () _____ Mother's Maiden Name _____
 Work Phone () _____ E-mail _____

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account**
 Beneficiary/POD Payee _____ Beneficiary/POD Payee _____
 Street _____ Street _____
 City/State/Zip _____ City/State/Zip _____
- Agency** Print name of Agent _____
 Signature _____ Date _____
- UTMA/UGMA** (as custodian for _____
 (minor) under the Uniform Transfers/Gifts to Minors Act)
 Minor's SSN/TIN _____

FOR CREDIT UNION USE ONLY

See Account Change Card See Insurance Beneficiary Card
 Date of Membership _____ Approved by _____ Identity Verification _____
 Credit Report _____ Card Scanned _____ OFAC Check _____