

Membership Application & Account Agreement

A) MEMBER INFORMATION						
Full Name:		Account Number:				
If your role is other than as Primary Account Owner please indicate below: <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Other:(Describe _____)		Social Security Number or TIN:				
Title of Account (If different from above):	Security Question & Answer:	Date of Birth:				
Physical Address:	City, State, Zip:	Home Phone #:				
Mailing Address (If different from above):	City, State, Zip:	Cell Phone #:				
E-Mail Address:	Membership Eligibility:	Work Phone #:				
B) ACCOUNT(S) REQUESTED: Select Accounts using the boxes below.						
<input type="checkbox"/> Primary Share Account	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Special Club				
<input type="checkbox"/> Money Market Account	<input type="checkbox"/> free4ME Checking Account	<input type="checkbox"/> Christmas Club				
<input type="checkbox"/> Secondary Share Account	<input type="checkbox"/> HELOC Checking	<input type="checkbox"/> Other _____				
C) OTHER PARTIES: Parties listed herein will be deemed JOINT OWNERS unless you indicate another role below:						
Name:		Social Security Number or TIN:				
If your role is other than as a Joint Owner please indicate below: <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Other:(Describe _____)		Date of Birth:				
List Accounts:	Mother's Maiden Name:	Home Phone #: Cell Phone #:				
Physical Address:	City, State, Zip:	Work Phone #: Email Address:				
Name:		Social Security Number or TIN:				
If your role is other than as a Joint Owner please indicate below: <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Other:(Describe _____)		Date of Birth:				
List Accounts:	Mother's Maiden Name:	Home Phone #: Cell Phone #:				
Physical Address:	City, State, Zip:	Work Phone #: Email Address:				
Name:		Social Security Number or TIN:				
If your role is other than as a Joint Owner please indicate below: <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Other:(Describe _____)		Date of Birth:				
List Accounts:	Mother's Maiden Name:	Home Phone #: Cell Phone #:				
Physical Address:	City, State, Zip:	Work Phone #: Email Address:				
D) ACCOUNT SERVICES: (Select the services requested with regard to the account(s) selected above. NOTE: Some services are not available for certain accounts.)						
<input type="checkbox"/> VISA® Debit Card Card for:	<input type="checkbox"/> Trademark Audio Select a <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 40px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>					<input type="checkbox"/> Trademark Online
PIN#						
See Reverse for Important Tax Information and Signature Lines						

E) PAYABLE ON DEATH (POD): Complete this section to designate POD beneficiaries. These POD designations only apply to the accounts listed on the reverse side. You acknowledge that only after the death of the surviving account owner, the account funds automatically belong to the below designated POD beneficiaries and shall be disbursed to them equally.

Name:	Date of Birth	Social Security Number or TIN:
Address:		Relationship:
Name:	Date of Birth	Social Security Number or TIN:
Address:		Relationship:
Name:	Date of Birth	Social Security Number or TIN:
Address:		Relationship:

F) SIGNATURES & TAX INFORMATION

I hereby make application for membership in the TRADEMARK FEDERAL CREDIT UNION and agree to conform to its laws and amendments thereof and subscribe for at least one share. I acknowledge and agree to the terms in the Membership Agreement and Disclosure, Truth in Savings disclosure, Rate and Fee Schedules and all other applicable disclosures. TRADEMARK FEDERAL CREDIT UNION is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. I understand and agree that the USA PATRIOT Act 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.

<i>X</i> Primary Account Owner Signature	Date: _____
<i>X</i> Joint/Other Owner Signature	Date: _____
<i>X</i> Joint/Other Owner Signature	Date: _____
<i>X</i> Joint/Other Owner Signature	Date: _____

IMPORTANT TAX INFORMATION

You (as the payee) are required by law to provide us (as payor) with your correct taxpayer identification number. If you are an individual, your taxpayer identification number is your Social Security number. If you have not provided us with your correct identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding. Backup withholding is different from the 10 percent withholding of interest and dividends that was repealed in 1983. If backup withholding applies, a payor is required to withhold 30 percent of interest, dividends, and other payments made to you. Backup withholding is not an additional tax. Rather, if the tax liability of persons subject to backup withholding results in an overpayment of taxes, a refund may be obtained.

Before you can join the Credit Union, you must complete the Tax Identification Number Certification below. If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under-reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause two (2) of the Tax Identification Number Certification below.

TAX IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify: (1) That the number shown on the membership application is my correct taxpayer identification number, and (2) That I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (3) I am either a U.S. citizen or a U.S. resident alien.

<i>X</i> Primary Account Owner Signature	Date: _____
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Office Use Only:

MSR Initials: _____	Verification Date: _____		New	<input type="checkbox"/>
Received By: _____	Comments: _____		Add/Remove Joint	<input type="checkbox"/>
Authentication Method: _____			Add/Remove POD	<input type="checkbox"/>
Previous Name: _____			Name Change	<input type="checkbox"/>