



3120 Broad Street
Chattanooga, TN 37408
(423) 267-7621

MASTER MEMBERSHIP APPLICATION

CHANGE

DATE:



Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean the Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a are applicable only if the is marked, e.g., "n/a" means not applicable.

Account Type	Member Number:
<input type="checkbox"/> Share/Savings <input type="checkbox"/> Share Draft/Checking <input type="checkbox"/> Share Certificate/ Certificate <input type="checkbox"/> Money Market	

Account Services

Payroll Direct Deposit
 Payroll Deduction
 Debit Card
 ATM Card
 PC Access/Internet Banking
 Other _____

Overdraft Protection – Select priority of which Overdrafts should be applied _____

Electronic Documentation – If this box is checked, you request the credit union to provide documentation electronically via email or the credit union's web site according to the Electronic Documentation provision of the Membership Account Agreements, which you acknowledge reading and agree to its terms.

Ownership

Individual Account
 Joint Account with Survivorship On the death of an owner or the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.
 Joint Account without Survivorship On the death of an owner or the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust or intestacy.

Primary Member (Applicant)

Name	Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.
Physical Address (Street, City, State, Zip)	Email Address			
Employer	Work Telephone No.	Eligibility for Membership		
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____				
Identification Number	Country/State of Issue	Expiration Date	Password	

Joint Owner

Name	Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.
Physical Address (City, Street, State, Zip)	Email Address			
Employer	Work Telephone No.			
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____				
Identification Number	Country/State of Issue	Expiration Date		

Joint Owner

Name	Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.
Physical Address (City, Street, State, Zip)	Email Address			
Employer	Work Telephone No.			
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____				
Identification Number	Country/State of Issue	Expiration Date		

Account Designation

Payable on Death (P.O.D) Account

Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts with the exception of IRAs.

Beneficiary #1 - Name and Address	Relationship	Social Security No.
Beneficiary #2 - Name and Address	Relationship	Social Security No.

UTMA Custodial Designation and Information

Custodian 1	Custodian 2
Name:	Name:
Address:	Address:
Date of Birth:	Date of Birth:
SSN/TIN:	SSN/TIN:

As custodian for _____ (name of minor), age _____, SSN _____ under the Uniform Transfers to Minors Act.

UTMA Designation of Successor Custodian

Pursuant to the Uniform Transfers to Minors Act, I hereby designate: _____

successor custodian(s) for all accounts listed in this section. This designation shall take effect only upon my death, resignation, incapacity or removal.

Custodian Signature _____ Date _____
X

Agency

Print Name of Agent: _____ Signature of Agent: _____

Important IRS Information - TIN Certification

Under penalties of perjury, I certify that: 1.) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 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. citizen or other U.S. person (defined below); and 4.) The FATCA code(s) entered below (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Signatures

You hereby apply for membership with the Credit Union. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. By signing below, you agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. In addition to establishing a regular share Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition of joint owner(s) of your Account(s). Your signature below is your continuing authorization for the Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s). 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 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 and other identifying information. *The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.*

Primary Owner Signature _____	Date _____	Joint Owner Signature _____	Date _____	Joint Owner Signature _____	Date _____
X		X		X	

Credit Union Use Only

Date of Membership _____ Opened / Approved By: _____ Member Verification: _____
(ID Type and No.)

Credit Report Access Card Check Verify Audio Response PIN Request PC Access / Internet Banking Other _____