

**MEMBERSHIP APPLICATION**

MEMBER INFORMATION			
<b>Member/Owner Name</b>		<b>Member No.</b>	
Street			
City/State/Zip		SSN/TIN	DOB
Home Phone	Cell Phone	Type of ID	Expiration Date
Work Phone		ID No.	State of Issue
E-mail		Password	
Membership Eligibility		Employer	

**THIS ACCOUNT TYPE WILL BE A SHARE/SAVING**  
Please refer to your membership agreement for terms of the accounts selected below.

ACCOUNT OWNERSHIP	
Designate the ownership of the accounts and responsibility for the services requested.	
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Account with Survivorship

JOINT OWNER INFORMATION			
<b>Joint Owner</b>		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	
<b>Joint Owner</b>		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	
<b>Joint Owner</b>		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	

<b><input type="checkbox"/> PAYABLE ON DEATH (POD)</b>			
<input type="checkbox"/> ALL ACCOUNTS <input type="checkbox"/> DESIGNATE SPECIFIC ACCOUNTS:			
Beneficiary/POD Payee	DOB	Beneficiary/POD Payee	DOB
Street		Street	
City/State/ZIP		City/State/ZIP	
Beneficiary/POD Payee	DOB	Beneficiary/POD Payee	DOB
Street		Street	
City/State/ZIP		City/State/ZIP	
<b><input type="checkbox"/> UNIFORM TRUST/GIFT TO MINORS ACCOUNT</b>			
As custodian for (minor name)		Minor's SSN	
(under the Uniform Transfers/Gifts to Minors Act)			

<b>USA PATRIOT ACT</b>
In accordance with the USA PATRIOT ACT, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. This includes all personal and commercial accounts including loan and deposit accounts, as well as trust, brokerage, insurance, and investment management accounts.
<b>What This Means To Our Members</b>
When you open an account, you will be asked for your name, address, social security or tax identification number, date of birth (if applicable) and other information that will allow Greater Niles Community Federal Credit Union to identify you. You will also be asked to furnish your driver's license or other identifying documents. We are required to follow this procedure each time an account is opened.

<b>AUTHORIZATION</b>			
By signing below, you agree to conform to the by-laws or any amendments of the Credit Union. You further agree that your accounts will be governed by the terms and conditions of the Membership and Account Agreement, Auto-investing Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If you received an ATM/Debit card or EFT service, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You understand the credit union will report information from you to verify your identity in accordance with the USA Patriot Act. The Credit Union may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.			
X		X	
_____ Signature	_____ Date	_____ Signature	_____ Date
X		X	
_____ Signature	_____ Date	_____ Signature	_____ Date

<b>CERTIFICATION</b>	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7), and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>	
<p><b>Certification instructions.</b> 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. Instructions for completing this section will be provided to you upon request.</p> <p><b>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</b></p>	
Signature of U.S. person _____ <div style="text-align: right;">Date _____</div>	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

<b>FOR CREDIT UNION USE ONLY</b>		
Date of Membership	CU Membership Approved By:	Member ID Verified by:
		<input type="checkbox"/> OFAC
		<input type="checkbox"/> eFunds