

Become a Member of the Credit Union of Vermont Today

Each member is also an owner of the credit union. Your membership is established when you return this completed form with identification and \$25 to be deposited in your regular share savings account which earns monthly dividends.

MEMBERSHIP APPLICATION & ACCOUNT CARD

MEMBER NUMBER _____ To be assigned by credit union

▶ ACCOUNT TYPES & SERVICES:

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

- | | |
|---|---|
| <p><input type="checkbox"/> Savings _____ <small>Suffix*</small></p> <p><input type="checkbox"/> Checking _____</p> <p><input type="checkbox"/> Money Market _____</p> <p><input type="checkbox"/> Term Certificate _____</p> | <p><input type="checkbox"/> Debit Card _____</p> <p><input type="checkbox"/> Internet Banking (email address required below) _____</p> <p><input type="checkbox"/> Payroll Deduction/Direct Deposit _____</p> <p><input type="checkbox"/> Other _____</p> |
|---|---|

* To be assigned by credit union
 * The account number for each of the accounts listed, consists of the suffix number added to the end of your Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

▶ PRIMARY OWNER OF ACCOUNT: Please Print Legibly

I am eligible for membership through my:

- Employer Employer Name _____
- Family Member Family Member Name and their qualifying employer _____

Name _____	SSN/TIN _____
Street _____	Driver's Lic. No/State _____
City/State/Zip+4 _____	Date of Birth _____
Home Phone _____ Cell _____	Mother's Maiden Name _____
Work Phone _____ Employer _____	E-mail Address _____

(Note - You will receive monthly email notices to access internet banking to retrieve your statement)

▶ ACCOUNT OWNERSHIP

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

- Individual Joint Account with Survivorship Other

Joint Owner/Authorized Signer:

Name _____	SSN/TIN _____
Street _____	Driver's Lic. No/State _____
City/State/Zip+4 _____	Date of Birth _____
Home Phone _____ Cell _____	Mother's Maiden Name _____
Work Phone _____ Employer _____	E-mail Address _____

Joint Owner/Authorized Signer:

Name _____	SSN/TIN _____
Street _____	Driver's Lic. No/State _____
City/State/Zip+4 _____	Date of Birth _____
Home Phone _____ Cell _____	Mother's Maiden Name _____
Work Phone _____ Employer _____	E-mail Address _____

Joint Owner/Authorized Signer:

Name _____	SSN/TIN _____
Street _____	Driver's Lic. No/State _____
City/State/Zip+4 _____	Date of Birth _____
Home Phone _____ Cell _____	Mother's Maiden Name _____
Work Phone _____ Employer _____	E-mail Address _____

Joint Owner/Authorized Signer:

Name _____	SSN/TIN _____
Street _____	Driver's Lic. No/State _____
City/State/Zip+4 _____	Date of Birth _____
Home Phone _____ Cell _____	Mother's Maiden Name _____
Work Phone _____ Employer _____	E-mail Address _____

CREDIT UNION OF VERMONT

2 South Main Street • Rutland, Vermont 05701 • (802) 773-0027 • www.CUVermont.coop

▶ ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts _____

Beneficiary _____
Street _____
City/State/Zip+4 _____
Home Phone _____
Relation _____ DOB _____

Beneficiary _____
Street _____
City/State/Zip+4 _____
Home Phone _____
Relation _____ DOB _____

Beneficiary _____
Street _____
City/State/Zip+4 _____
Home Phone _____
Relation _____ DOB _____

Beneficiary _____
Street _____
City/State/Zip+4 _____
Home Phone _____
Relation _____ DOB _____

UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)
Minor's TIN/SSN _____

See Account Authorization Card

▶ 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 (or I am waiting for a number to be issued), 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. 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).
- (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. 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) _____ Exempt from FATCA reporting code (if any) _____

▶ AUTHORIZATION

The Credit Union will provide you with your Membership and Account Agreement and all necessary disclosures upon the opening of your account. By signing below and opening an account or by using a service, you acknowledge receipt of, and 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. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If a Debit or other access card or EFT service is requested and provided by the credit union, and used by the member, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. If Overdraft Protection is requested, and provided by the credit union, and used by the member, you agree to the terms of and acknowledge receipt of the Loanliner Credit Agreement, and the Loanliner Addendum. You also agree: a) that the Credit Union may obtain your credit report for the purposes of verifying the information on this Account Card, determining your eligibility for the account, credit or service(s) noted on this Account Card and identifying additional Credit Union products and services to offer to you; b) that the Credit Union may obtain your credit report at a later time for the purposes of reviewing and collection on the account, credit or service(s) noted on the Account Card; c) that the Credit Union may tell others about its credit experience with you and obtain information from others about your credit history and performance. 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 _____
Primary Owner/Authorized Signer Signature Date

X _____
Joint Owner/Authorized Signer Signature Date

X _____
Joint Owner/Authorized Signer Signature Date

X _____
Joint Owner/Authorized Signer Signature Date

▶ FOR CREDIT UNION USE ONLY

Date of Membership _____
Verified By _____

Opened By _____



If you are submitting your membership Application & Account Card by mail, please provide us with a notarized copy (enlarged) of your driver's license as required by our USA PATRIOT ACT Customer Identification Program.

