

Account Number: _____

Name: _____

**APPLICATION FOR MEMBERSHIP AND SHARE ACCOUNT
AGREEMENT WITH BENEFICIARY OPTION**

Part I: OWNERSHIP INFORMATION

I/We submit this form to the **DeTour Drummond Community Credit Union** for two purposes. **First**, the individual listed as Owner Name (1) below (unless already a member) applies for membership in the credit union. **Second**, I/We request the credit union to open a share account in the owner name(s) listed below. If more than one owner name is listed below, the account shall be a multiple name share account and the multiple name account provisions of this agreement shall be applicable. If one or more beneficiaries are listed in the Beneficiary information and Provisions section (Part IV), the beneficiary provisions of his agreement shall be applicable.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 for 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 or other identifying documents.

Owner Name (1) _____

Address _____

Phone _____ E-Mail _____

Employer/Phone _____

Date of Birth _____ Mother's Maiden Name _____

Type of ID used to verify identity _____

ID No. _____ SSN/TIN _____

Eligibility based on _____

Owner Name (2) _____

Address _____

Phone _____ E-Mail _____

Employer/Phone _____

Date of Birth _____ Mother's Maiden Name _____

Type of ID used to verify identity _____

ID No. _____ SSN/TIN _____

Owner Name (3) _____

Address _____

Phone _____ E-Mail _____

Employer/Phone _____

Date of Birth _____ Mother's Maiden Name _____

Type of ID used to verify identity _____

ID No. _____ SSN/TIN _____

Part II: 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, 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. person (including a U.S. resident alien).

Signature of Owner Name (1) _____ **Date** _____

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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

Part III: MULTIPLE NAME ACCOUNT AGREEMENT

The joint owners of this account hereby agree with each other and with the credit union that all sums now paid into this account, by any or all of said joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and shall be subject to withdrawal or receipt of any of them, except to the extent an initiated restriction below applies. Payment in accordance with such a proper demand shall be valid and discharge the credit union from any liability for such payment. The credit union is hereby authorized to recognize the signature(s) subscribed above, in accordance with the restrictions initialed below, in the payment of funds or the transaction of any business for this account. However, no individual may be removed as an owner of this account, except upon death, without that individual's consent. No beneficiary of this account may be changed except with the consent of all living owners. The right or authority of the credit union under this agreement shall not be changed by any owners, except by written notice to the credit union. Such notice shall not affect any transactions made prior to receipt of the notice by the credit union.

WITHDRAWAL RESTRICTIONS: (Name (1) Check box that applies and insert initials in space provided.)

_____ Any owner of this account may make a withdrawal without the signature of any other owner (Note – if no box is checked, this provision shall apply.)

_____ Signatures of all living owners required by any withdrawal.

_____ Other: _____

Part IV: BENEFICIARY INFORMATION AND PROVISIONS

Upon the death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) listed below who are alive at the time. In addition, each such beneficiary shall have the power to withdraw only his or her equal share of the remaining account balance together with any accumulations on such amount. The multiple name account agreement (Part IV) shall not apply to beneficiaries. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

Name _____ Date of Birth _____ Social Security Number _____

Name _____ Date of Birth _____ Social Security Number _____

Name _____ Date of Birth _____ Social Security Number _____

Name _____ Date of Birth _____ Social Security Number _____

Part V: ACKNOWLEDGEMENT

By signing below, I/we acknowledge receipt of the Credit Union's separate account disclosures (listed below), and agree to be bound by all of the terms and conditions of the disclosures and this application, and any amendments thereto, or to those contained in any membership agreement and disclosures provided to me/us at any time, which conditions contained therein are fully incorporated herein. I/we certify that the information on this application is true and correct. I/we understand that this account is established subject to the laws of the State of Michigan. The Credit Union is authorized to make whatever inquiries it deems necessary of others concerning the information contained in this application, and to provide information arising out of my/our transactions with the Credit Union with consumer reporting agencies.

Electronic Fund transfers (EFT) Agreement

Truth in Savings Disclosure

Funds Availability Policy

Privacy Policy

Other: _____

Signature of Owner Name (1) _____ **Date** _____

Signature of Owner Name (2) _____ **Date** _____

Signature of Owner Name (3) _____ **Date** _____

CREDIT UNION USE ONLY

Account information reviewed by: _____ Date _____

Account approved by: _____ Date _____

Membership Officer _____

Secretary of the Board _____

Treasurer of the Board _____