

ACCOUNT NUMBER

Name \_\_\_\_\_  
Last First Mid Int.

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

**Part I: OWNERSHIP INFORMATION**

I/We submit this form to the **Ypsilanti Area Federal 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 V), the beneficiary provisions of this agreement shall be applicable.

Owner Name (1) \_\_\_\_\_

Address/Phone \_\_\_\_\_

Employer/Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Type of ID used to verify identity \_\_\_\_\_

ID No. \_\_\_\_\_ SSN/TIN\* \_\_\_\_\_

Eligibility based on \_\_\_\_\_

\*Taxpayer Identification Number (If family relationship, specify type of relationship and name of family member.)

Owner Name (2) \_\_\_\_\_

Address/Phone \_\_\_\_\_

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 \_\_\_\_\_

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: TERMS AND CONDITIONS OF ACCOUNT

The following terms and conditions apply to this account:

- (a) All sums paid to the credit union on shares (less setoffs allowed by law and/or provided for by contract) shall be paid on proper withdrawal demand. In the case of a single name account, such demand must be made by the owner or his/her representative. In the case of a multiple name account, such demand must be made by one or more of the owners of the account and in accordance with the initialed agreement regarding signatures or, in the absence of such initials, by any one owner. If all owners are deceased and there is a beneficiary(ies) listed in this agreement, withdrawals may be made by the beneficiary(ies) according to the beneficiary provisions set out below (Part V).
- (b) Only methods approved by the credit union may be used to make withdrawals from this account.
- (c) All non-cash payments received in this account will be credited subject to final payment.
- (d) Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to the credit union before the end of 60 days after the statement is mailed.
- (e) This account is subject to the credit union's right to require advance notice of withdrawal, as provided in the credit union's bylaws.
- (f) This account is also subject to such other terms and conditions as the credit union may establish from time to time. The credit union may change the terms and conditions of this account upon giving a 30-day advance written notice. Notice may be given by U.S. Mail, first class, postage prepaid, to my/our last known address, as reflected in the credit union's records.

\_\_\_\_\_  
Signature of Owner Name (1) Date

\_\_\_\_\_  
Signature of Owner Name (2) Date

\_\_\_\_\_  
Signature of Owner Name (3) Date

### Part IV: 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 initialed 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 for any withdrawal.
- \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
(Indicate other terms)

### Part V: 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.

Beneficiary Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below I hereby make application for membership to Ypsilanti Area Federal Credit Union and authorize Ypsilanti Area Federal Credit Union to check my credit history for any reason, including verification of the information on this request.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

#### (CREDIT UNION USE ONLY)

Account information reviewed by:

\_\_\_\_\_  
Signature Date

Account approved by:

\_\_\_\_\_  
Signature Date

Membership Officer \_\_\_\_\_ Secretary of the Board \_\_\_\_\_ Treasurer of the Board \_\_\_\_\_