

Los Alamos School Credit Union-Membership Application

New Member Name: _____ Member Number: _____

Account Type

"The authorizations and information given herein, and form of ownership chosen the ACCOUNT OWNERSHIP SELECTION section apply to all of the accounts listed below unless the credit union is notified in writing of a change."

_____ Share(Savings) _____ Share Certificate _____ Living Trust

Member Application and Ownership Information

Social Security Number _____ Address _____

Drivers License Number _____ City/ State/ Zip _____

Birth Date _____ Telephone _____

Membership Eligibility _____ Email Address _____

Account Ownership

Notice: The type of account you select may determine how ownership of your property passes on your death. Your will may not control the disposition of funds held in some of the following accounts. The selection you make below will apply to all the accounts listed on this card.

Initials _____ Please Place your initials next to the account selected:
_____ Single-Party account with 'POD' (Payable On Death) Designation
_____ Joint Owner account with survivorship
_____ Joint Owner account without survivorship

Joint Owner#1 _____ Member Number _____

Social Security Number _____ Drivers License Number _____

Address _____ Birth Date _____

City/ State/ Zip _____ Email Address _____

Telephone _____ Membership Eligibility _____

Joint Owner#2 _____ Member Number _____

Social Security Number _____ Drivers License Number _____

Address _____ Birth Date _____

City/ State/ Zip _____ Email Address _____

Telephone _____ Membership Eligibility _____

P.O.D. Beneficiaries

"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 listed under the account type section on this card.

Name of Beneficiary _____ Address, Telephone _____

"By signing below I/ we certify that the information on this Account Card is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein. I/ we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card of EFT service is requested and provided, I/ we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding."

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

X _____ X _____

Signature _____ Date _____ Signature _____ Date _____

X _____ X _____

Signature _____ Date _____ Signature _____ Date _____

Date Opened: _____ Account Opened By: _____