



# Application for **Membership/Checking/Special Savings**

**Important Information About Procedures for Obtaining 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 and copy your driver's license or valid identification acceptable to L&N Federal Credit Union and other identifying information.

APPLICANT INFORMATION		
<input type="checkbox"/> New Membership		<input type="checkbox"/> Existing Membership
Member Number	Checking Account Number	Teller Number

PRIMARY OWNER OF ACCOUNT			
Name (Please Print)			
Social Security # (Tax ID #)		Driver's Lic. # & State or Passport	
Date of Birth	Place of Birth	Mother's Maiden Name	
Residence Address (Not PO Box)		City	State Zip
Mailing Address (Can be PO Box)		City	State Zip
Home	Cell	Work Phone & Ext.	
Employer	E-mail Address		

LEGAL OWNER		POWER OF ATTORNEY	
Name (Please Print)			
Social Security # (Tax ID #)		Driver's Lic. # & State or Passport	
Date of Birth	Place of Birth	Email Address	
Residence Address (Not PO Box)		City	State Zip
Mailing Address (Can be PO Box)		City	State Zip
Home	Cell	Work Phone & Ext.	

APPLYING FOR:			
By checking the box(es) below, I certify that I am applying for this type of account:			
<input type="checkbox"/> Savings	<input type="checkbox"/> Checking # _____	<input type="checkbox"/> Special Savings # _____	<input type="checkbox"/> Add Legal Owner # _____
<input type="checkbox"/> Debit	<input type="checkbox"/> ATM Card	<input type="checkbox"/> Address Change	<input type="checkbox"/> Name Change

## PAYABLE-ON-DEATH ACCOUNT (P.O.D.)

Upon the death of the last surviving owner of a payable-on-death account, any sums remaining belong to the designated payable-on-death (P.O.D.) payee or payees surviving the owner in equal and undivided shares unless otherwise provided. Legal owners should not be named as P.O.D. beneficiaries. Payable-on-death payee designation applies to all accounts opened on this application unless otherwise indicated in writing.

Account Number _____	
P.O.D. Payee Full Name (Please Print)	Date of Birth Relationship Soc. Sec. # (Tax ID #)
Street Address	City State Zip Phone

P.O.D. Payee Full Name (Please Print)	Date of Birth Relationship Soc. Sec. # (Tax ID #)
Street Address	City State Zip Phone

## TIN CERTIFICATE AND BACKUP WITHHOLDING INFORMATION

By signing below, 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 to me), 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). 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. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

## TERMS AND CONDITIONS

By signing below, I apply for membership in L&N Federal Credit Union and agree to be bound by the bylaws, regulations, policies, loan agreements, all applicable account agreements and other rules and practices of the Credit Union. By signing below I further acknowledge receipt of the Truth In Savings booklet.

I agree to pay actual costs of collection including court costs and reasonable attorney fees. I understand the right to set-off any part or all of the funds in my accounts and to apply such funds against any obligation that I or any legal owner may have with L&N, now or in the future.

I understand and agree that this Membership Application and the applicable account agreement terms and conditions shall govern all accounts I open with the same ownership form as set forth in this application. I understand and agree I will execute additional applications as you request to open accounts with a different ownership form. If I wish to change ownership or change a pay-on-death beneficiary I will have to sign another application at your direction.

I understand you may limit the products or services to me at any time, without advance notice. I authorize you to obtain and periodically (re)verify my employment, credit and checking account information as you deem appropriate from time to time. I declare under penalty of perjury that all information provided is true and correct.

Primary Owner's Signature	Date
X	

Legal Owner's Signature	Date
X	

## FOR OFFICE USE ONLY

Primary	Legal Owner
IDs Used	IDs Used
Special Comments	Special Comments