

Member # \_\_\_\_\_

### MEMBERSHIP APPLICATION AND AGREEMENT

#### USA PATRIOT ACT NOTICE

**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 a new 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.

#### ACCOUNT/SERVICE AUTHORIZATION

Please check the additional services you would like to be enrolled in with Genisys Credit Union and sign below.

- Checking \_\_\_\_\_  You Name It Savings \_\_\_\_\_  Holiday Saving  Money Market \_\_\_\_\_  Certificate \_\_\_\_\_  e-Receipts
- e-Communications (e-Statements, e-Notices, & Disclosures)  Remote Deposit  Online Banking  Debit MasterCard

#### ACCOUNT OWNERSHIP INFORMATION

Name			Date of Birth		SS#/T.I.N.
Street Address			Email Address		
City	State	Zip	Home Phone		Cell Phone
Employer		Occupation			Work Phone
Driver's License/State ID	State	Expiration	U.S. Citizen? __Yes __No	Country of Citizenship (if not U.S.)	Existing member #/eFunds

#### T.I.N. CERTIFICATION BY MEMBER

*[sign only the certification that is applicable to you]*

**CERTIFICATION FOR PERSONS NOT SUBJECT TO BACKUP WITHHOLDING:** 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 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 US person (including US resident alien).

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION FOR PERSONS SUBJECT TO BACKUP WITHHOLDING:** Under penalties of perjury, I certify that: 1.The number shown on this form is my correct taxpayer identification number and 2. I am subject to backup withholding because: (a) I am not exempt from backup withholding, or (b) I have been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, and 3. I am a US person (including US resident alien).

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION INSTRUCTIONS:** You must sign the Certification for Persons Subject to Backup Withholding 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. "The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding."

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**CREDIT UNION USE ONLY**

- New membership/Account
- Add Account
- Add Name
- Add/Change Beneficiary

<b>Account opened by:</b>
<b>Signature Date:</b>

<b>Account approved by membership officer:</b>
<b>Signature Date:</b>

Member # \_\_\_\_\_

**ADDITIONAL OWNER INFORMATION**

Joint ownership as stated below shall apply to sub accounts using this member number that are opened now or in the future unless specifically governed by a separate agreement. Joint owners on You Name it Savings, Certificates, Holiday Savings and High Yield Money Market Accounts will be the same as joint owners on savings accounts unless otherwise specified in writing. The addition of a joint account owner requires the consent of all account owners. By signing this Application, the undersigned agree to hold the Credit Union harmless for actions regarding account access. We, the undersigned, do mutually agree that all shares in Genisys Credit Union issued in our joint names, "with sole rights of survivorship", together with all deposits in a like manner made and carried therein, shall be accepted and held by us as Joint Tenants, "with sole rights of survivorship" therein, and that the death of the Member may terminate the account with the Credit Union.

<b>Joint Owner 1</b>			<b>Date of Birth</b>		<b>SS#/T.I.N.</b>	
<b>Street Address</b>			<b>Email Address</b>			<b>Relationship</b>
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>Home Phone</b>		<b>Cell Phone</b>
<b>Employer</b>			<b>Occupation</b>			<b>Work Phone</b>
<b>Driver's License/State ID</b>	<b>State</b>	<b>Expiration</b>	<b>U.S. Citizen? __Yes __No</b>	<b>Country of Citizenship (if not U.S.)</b>	<b>Existing member #/eFunds</b>	

<b>Joint Owner 2</b>			<b>Date of Birth</b>		<b>SS#/T.I.N.</b>	
<b>Street Address</b>			<b>Email Address</b>			<b>Relationship</b>
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>Home Phone</b>		<b>Cell Phone</b>
<b>Employer</b>			<b>Occupation</b>			<b>Work Phone</b>
<b>Driver's License/State ID</b>	<b>State</b>	<b>Expiration</b>	<b>U.S. Citizen? __Yes __No</b>	<b>Country of Citizenship (if not U.S.)</b>	<b>Existing member #/eFunds</b>	

**BENEFICIARY INFORMATION**

Upon the death of the owner, or the last surviving owner if there is more than one, the person(s) listed below (if any), shall be beneficiaries on the account described above in equal shares as is more fully set forth in the Membership and Account Agreement.

<b>Beneficiary # 1 Name</b>		<b>Beneficiary # 2 Name</b>		<b>Beneficiary # 3 Name</b>	
<b>SSN/T.I.N.</b>		<b>SSN/T.I.N.</b>		<b>SSN/T.I.N.</b>	
<b>Date of Birth</b>	<b>Phone</b>	<b>Date of Birth</b>	<b>Phone</b>	<b>Date of Birth</b>	<b>Phone</b>

**ACKNOWLEDGEMENT**

By signing below, I/we acknowledge and agree that we are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures and Funds Availability Policy Disclosure, if applicable, Rate and Fee Schedules, and to any amendment the Credit Union makes from time to time, which are incorporated herein. I/We acknowledge receipt of a copy of the Membership and Account Agreement and Disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We further hereby agree to conform to the Credit Union's Bylaws as amended from time to time. I/We authorize the Credit Union to verify credit and employment history from time to time by any means, including obtaining a consumer report prepared by a consumer reporting agency in order to determine if I/we am/are eligible for the account applied for and to determine, from time to time, if I/we are eligible for any other product or service offered by the Credit Union to its members.

Print Name: \_\_\_\_\_ Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature of Joint #1: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature of Joint #2: \_\_\_\_\_ Date: \_\_\_\_\_