

Savings Account/Membership Information

The USA Patriot Act requires that a copy of valid identification be attached.

Applicant

Name(s) _____

Address _____

Home Telephone _____

Work Telephone _____

Employer _____

Date of Birth _____

Mother's Maiden Name _____

Co-Applicant

Name(s) _____

Address _____

Home Telephone _____

Work Telephone _____

Employer _____

Date of Birth _____

Mother's Maiden Name _____

The undersigned certifies that, under penalty of perjury, the Taxpayer Identification Number/Social Security Number indicated on this agreement is correct and, you further certify that you are not subject to backup withholding of federal income taxes on the earnings associated with this account.

The undersigned agrees to the terms stated on this form and acknowledges receipt of a completed copy. These disclosures will be delivered once membership has been opened: *Deposit Account Savings, Funds Availability, Privacy, Electronic Funds Transfer, Truth in Savings*. Copies of these disclosures may also be obtained at any branch office.

Taxpayer Identification Number/Social Security Number _____

Signature _____ Date _____

Taxpayer Identification Number/Social Security Number _____

Signature _____ Date _____

For Internal Use

Date Opened _____ By _____ Initial Deposit \$ _____ Type of Funds _____

Account Number _____ Portfolio Number _____

Applicant _____ Co-Applicant _____

Identification Type _____ Identification Type _____

Country or State of Issuance _____ Country or State of Issuance _____

Date of Issuance (if any) _____ Date of Issuance (if any) _____

Expiration Date _____ Expiration Date _____