



150 E Mound St. STE 100  
Columbus, OH 43215  
(614) 224-8890 • (888) 224-3108

# MEMBERSHIP APPLICATION

Member Account #:

<b>Account Type(s):</b>	<input type="checkbox"/> Share	<input type="checkbox"/> Checking	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Money Market	<input type="checkbox"/> Certificate	<input type="checkbox"/> Other _____
<b>Account Ownership:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> UTMA
	<input type="checkbox"/> Living Trust	<input type="checkbox"/> Rep Payee	<input type="checkbox"/> Power Attorney
	<input type="checkbox"/> Other _____		

**Primary Member:**  Member  UTMA  Trust  Representative Payee Beneficiary  Principal  
 Other: \_\_\_\_\_

Social Security Number/Tax I.D.	ID Number	State/Country	Type of ID	Exp. Date	Issue Date	Mother's Maiden Name
Name: Prefix – Optional (Mr., Ms., Mrs.)	First	Last		Suffix		
Address	Apt. #	City	State	Zip		
Home Telephone	Business Telephone	Birth Date	Employer			
Email Address Number 1	Email Address Number 2					

**Signer 2:**  Member  Joint Owner  Custodian  Trustee  Representative Payee  Attorney In Fact  Other: \_\_\_\_\_

Social Security Number	ID Number	State/Country	Type of ID	Exp. Date	Issue Date	Mother's Maiden Name
Name: Prefix – Optional (Mr., Ms., Mrs.)	First	Last		Suffix		
Address	Apt. #	City	State	Zip		
Home Telephone	Business Telephone	Birth Date	Employer			

**Signer 3:**  Member  Joint Owner  Trustee  Other: \_\_\_\_\_

Social Security Number	ID Number	State/Country	Type of ID	Exp. Date	Issue Date	Mother's Maiden Name
Name: Prefix – Optional (Mr., Ms., Mrs.)	First	Last		Suffix		
Address	Apt. #	City	State	Zip		
Home Telephone	Business Telephone	Birth Date	Employer			

## Account Beneficiary Designation

Upon the death of the last surviving owner, the funds in Your Account shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below only with the written consent of all owners to the Account.

Name _____	Relationship _____	SSN _____	Birth Date _____	Percentage _____
Name _____	Relationship _____	SSN _____	Birth Date _____	Percentage _____
Name _____	Relationship _____	SSN _____	Birth Date _____	Percentage _____

## CME Cash Card, CME VISA Great Card, CMEbyPhone and CME@Home

You are requesting the convenience of 24-hour access to Your Credit Union Account with a CME Cash Card, CME VISA Great Card, CMEbyPhone and/or CME@Home in conjunction with a Personal Identification Number (PIN). Your CME Cash card and/or CME VISA Great Cards will allow You to use a number of automated teller machine (ATM) networks, including the Credit Union's ATMs. The CME VISA Great Card also allows You to pay for services and purchases directly from Your checking Account.

CMEbyPhone  CME@Home Card Type:  CME Cash Card  CME VISA Great Card

Name on Card 1: \_\_\_\_\_ Name on Card 2: \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 an Account, We will ask You 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.

## Signatures

You hereby apply for membership in CME Federal Credit Union. You warrant the truth of the above information and You realize it will be relied upon by Us in deciding whether or not to grant the membership applied for. By signing below, You agree to be bound by the terms and conditions found within the Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found herein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us from time to time, obtain credit reports and gather other such financial information as we deem relevant. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Share Account, You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for CME Federal Credit Union to follow Your written or verbal instructions to do so, and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

**The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Member	Date	Signer 2	Date	Signer 2	Date
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## Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

**INSTRUCTION TO SIGNER.** If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.**

We will be unable to open an Account for You without a taxpayer identification number.

## UTMA Account

For UTMA (Uniform Transfers to Minors Act) Accounts, You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the Utah Uniform Transfers to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 21, under the Act.

Joint Owner 1 is named as custodian for the Primary Member under the Utah Uniform Transfers to Minors Act.

Designation of Successor Custodian. You appoint \_\_\_\_\_ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: 1) when and in the event of Your resignation, death, incompetence, or legal incapacitation; and 2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

\_\_\_\_\_  
Signature of Custodian

## Revocable Living Trust

You hereby certify that:

- (1) This is a revocable living trust. Name of Trust \_\_\_\_\_ ;
- (2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds;
- (3) The Trust Agreement appoints:

\_\_\_\_\_  
as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

- (4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You indemnify Us from any liability and costs We may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this account to the revocable living trust named above.

**You agree to be bound by the terms and conditions of this Account with Kings Peak Credit Union and the Credit Union's bylaws, rules and regulations in effect, which are subject to changes from time to time.**

Check One: \_\_\_\_\_ All Co-Trustees must sign withdrawals. \*(Account limited to savings only)  
\_\_\_\_\_ All Co-Trustees may sign withdrawals.

**Lien Impressionment and Set-Off.** You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

\_\_\_\_\_  
Signature of Settlor/Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

For Office Use Only

Date \_\_\_\_\_ Branch \_\_\_\_\_ Employee \_\_\_\_\_ Verified \_\_\_\_\_