

**APPLICATION FOR MEMBERSHIP AND SHARE ACCOUNT AGREEMENT WITH BENEFICIARY OPTION**



**Michigan Educational  
Credit Union**

MEMBER NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

Name \_\_\_\_\_  
Last First Mid Int.

Owner Name (1) \_\_\_\_\_

Address/Phone \_\_\_\_\_

Employer/Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Type of ID used to verify identity \_\_\_\_\_

ID No. \_\_\_\_\_

SSN/TIN\* \_\_\_\_\_

Eligibility based on \_\_\_\_\_  
(If family relationship, specify type of relationship and name of family member.)  
\*Taxpayer Identification Number

Owner Name (2) \_\_\_\_\_

Address/Phone \_\_\_\_\_

Employer/Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Type of ID used to verify identity \_\_\_\_\_

ID No. \_\_\_\_\_ SSN/TIN\* \_\_\_\_\_

Eligibility based on \_\_\_\_\_  
(If family relationship, specify type of relationship and name of family member.)  
\*Taxpayer Identification Number

Owner Name (3) \_\_\_\_\_

Address/Phone \_\_\_\_\_

Employer/Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Type of ID used to verify identity \_\_\_\_\_

ID No. \_\_\_\_\_ SSN/TIN\* \_\_\_\_\_

Eligibility based on \_\_\_\_\_  
(If family relationship, specify type of relationship and name of family member.)  
\*Taxpayer Identification Number

**Part I: OWNERSHIP INFORMATION**

I/We submit this form to the **Michigan Educational Credit Union** for two purposes. **First**, the individual listed as Owner Name (1) below (unless already a member) applies for membership in the credit union. **Second**, I/We request the credit union to open a share account in the owner name(s) listed below. If more than one owner name is listed below, the account shall be a multiple name share account and the multiple name account provisions of this agreement shall be applicable. If one or more beneficiaries are listed in the Beneficiary Information and Provisions section (Part IV), the beneficiary provisions of this agreement shall be applicable.

**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 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 your driver's license or other identifying documents.

**Part II: 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, **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).

Signature of Owner Name (1) \_\_\_\_\_ Date \_\_\_\_\_

**Certification instructions:** You must 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.

**Part III: MULTIPLE NAME ACCOUNT AGREEMENT**

The joint owners of this account hereby agree with each other and with the credit union that all sums now paid into this account, by any or all of said joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and shall be subject to withdrawal or receipt of any of them, except to the extent an initialed restriction below applies. Payment in accordance with such a proper demand shall be valid and discharge the credit union from any liability for such payment. The credit union is hereby authorized to recognize the signature(s) subscribed above, in accordance with the restrictions initialed below, in the payment of funds or the transaction of any business for this account. However, no individual may be removed as an owner of this account, except upon death, without that individual's consent. No beneficiary of this account may be changed except with the consent of all living owners.

The right or authority of the credit union under this agreement shall not be changed by any owners, except by written notice to the credit union. Such notice shall not affect any transactions made prior to receipt of the notice by the credit union.

**WITHDRAWAL RESTRICTIONS** (Name (1) Check box that applies and insert initials in space provided.)

- \_\_\_\_\_ Any owner of this account may make a withdrawal without the signature of any other owner (Note - if no box is checked, this provision shall apply.)
- \_\_\_\_\_ Signatures of all living owners required for any withdrawal.
- \_\_\_\_\_ Other: \_\_\_\_\_

(Indicate other terms)

**Part IV: BENEFICIARY INFORMATION AND PROVISIONS**

Upon the death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) listed below who are alive at the time. In addition, each such beneficiary shall have the power to withdraw only his or her equal share of the remaining account balance together with any accumulations on such amount. The multiple name account agreement (Part III) shall not apply to beneficiaries. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

Beneficiary Name(s), Address, SSN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART V: ACKNOWLEDGEMENT**

By signing below, I/we acknowledge receipt of the Credit Union's separate account disclosures (listed below), and agree to be bound by all of the terms and conditions of the disclosures and this application, and any amendments thereto, or to those contained in any membership agreement and disclosures provided to me/us at any time, which conditions contained therein are fully incorporated herein. I/we certify that the information on this application is true and correct. I/we understand that this account is established subject to the laws of the State of Michigan. Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed. The Credit Union is authorized to make whatever inquiries it deems necessary of others concerning the information contained in this application, and to provide information arising out of my/our transactions with the Credit Union with consumer reporting agencies.

- Electronic Fund Transfers (EFT) Agreement
- Funds Availability Policy
- Terms & Conditions of Your Account
- Truth in Savings Disclosure
- Privacy Policy
- Michigan Credit Union Act 490.361.4

Signature of Owner Name (1) \_\_\_\_\_

Signature of Owner Name (2) \_\_\_\_\_

Signature of Owner Name (3) \_\_\_\_\_

**(CREDIT UNION USE ONLY)**

Account information reviewed by: \_\_\_\_\_ Account approved by: \_\_\_\_\_  
Signature Date Signature Date

Membership Officer \_\_\_\_\_ Secretary of the Board \_\_\_\_\_ Treasurer of the Board \_\_\_\_\_