



# MEMBERSHIP APPLICATION/SIGNATURE CARD

2440 E Rand Road Arlington Heights IL 60004 (847) 670-0456

ACCOUNT NO.	DATE OPENED	BY
Last Name:	First Name/Middle Initial:	
Address:	City:	State:
City:	Member's Maiden Name:	
Home Phone: ( )	Birth Date:	
Employer:	Work Address:	

Eligibility for Membership:

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION:** By signing below, I certify, under penalties of perjury, that the Social Security Number (SSN)/Tax identification number (TIN) shown on this form is my correct identification number, that I am  unless designated below (by placing an "X" in the box), subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. person (including a U.S. resident alien). **The Internal Revenue Service does not require you to consent to any provision of this document other than the certifications required to avoid backup withholding.** (CHECK ONLY IF APPLICABLE)  I AM SUBJECT TO BACKUP WITHHOLDING

By signing below, I/we hereby make application for membership and agree to conform to the bylaws and any amendments thereof in the METRO Federal Credit Union. I/we also agree to the terms and condition of the Membership Account Disclosure, Truth-in-Savings Rate and Fee Schedule, Fund Availability Policy Disclosure, and any amendments METRO Federal Credit Union makes from time to time. I/we also acknowledge receipt of a copy of the pertinent Disclosures with this Membership agreement.

**X** \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature (Primary Member)

Account Name \_\_\_\_\_ Account No. \_\_\_\_\_  
 Address \_\_\_\_\_ Taxpayer ID \_\_\_\_\_

## 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 will also ask to see and make copies of your driver's license and other identifying documents.

**Attach copies and check the corresponding boxes on the reverse side.**

## JOINT SHARE (SAVINGS) ACCOUNT AGREEMENT

The undersigned hereby apply for the issuance of shares to them in joint tenancy with the right of survivorship in the METRO Federal Credit Union and, in consideration of the approval of this application by the said credit union, do hereby agree each with the other(s) and with the said credit union, that all sums now paid on shares of hereafter paid thereon, and all dividends therefrom shall be owned by us jointly with the right of survivorship, and in the event of the death of any of us the said credit union shall be liable thereon only to the survivor(s) and while any of us is living payment to any one of us shall discharge any liability of said credit union.

### PRIMARY MEMBER SIGNATURE X

(1st) Joint Owner Name	(2nd) Joint Owner Name
Address/City/State	Address/City/State/Zip
City/State/Zip	City/State/Zip
Home Phone: ( )	Home Phone: ( )
Social Security Number	Social Security Number
X	X
(1st) Joint Owner Signature	(2nd) Joint Owner Signature

### ACCOUNT DESIGNATION

Payable on Death     All Accounts

Beneficiary: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
S/S # \_\_\_\_\_ S/S # \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

#### EMPLOYEE

#### FAMILY MEMBER

#### BUSINESS

- One of the following:  Copy of Signature Card of Sponsoring Member  
1. Drivers License or I.D. Card    Family Member  
2. U.S. Military Card, or     Partnership or Articles of Incorporation (Federal Tax return may be a substitute with officer approval)  
3. Immigration/ Alien Card, or     Sponsor Verification Letter and OFAC Report  
4. Birth Certificate (for minors only)     Copy of Signature Card of Sponsoring Member  
 One of the following:     OFAC Report  
1. Employment ID Card, or  
2. Current period Pay Stub, or  
3. Verification to Employer

Name of Person Responding \_\_\_\_\_

#### ORGANIZATION

- Date Called \_\_\_\_\_  
Card number is \_\_\_\_\_  
not available on either drivers license or employer pay stub  
OFAC Report \_\_\_\_\_  
TIN Number Notification \_\_\_\_\_  
Charter and By-laws duly ratified \_\_\_\_\_  
Copy of Signature Card of Sponsoring Member \_\_\_\_\_  
OFAC Report \_\_\_\_\_

#### CREDIT UNION USE ONLY

I have carefully reviewed the specific account requirements and have attached copies, where indicated, for compliance with identity verification.

Date \_\_\_\_\_