



821 Beaver Drive  
 DuBois, PA 15801  
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# MEMBERSHIP APPLICATION & AGREEMENT

Member Number
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<b>Account Type(s):</b>	<input type="checkbox"/> Regular Share	<input type="checkbox"/> Secondary Share	<input type="checkbox"/> Kasasa Saver
	<input type="checkbox"/> Christmas Club	<input type="checkbox"/> Money Market	<input type="checkbox"/> Share Draft
	<input type="checkbox"/> Kasasa Cash	<input type="checkbox"/> Kasasa Cash Back	<input type="checkbox"/> Term Share ( <i>term</i> ) _____
<b>Account Ownership:</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint with the Right of Survivorship	<input type="checkbox"/> POD
	<input type="checkbox"/> Trust	<input type="checkbox"/> UTMA	<input type="checkbox"/> _____

## 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.

### Primary Member Information Member Trust Other Specify: \_\_\_\_\_ Are You a Non-Resident Alien? Yes No

Name (First, Last, MI & Suffix or Name of Trust)			
Physical Address		City	State Zip
Mailing Address ( <i>if different than above</i> )		City	State Zip
Home Phone	Business Phone	Cell Phone	Birth Date/Date of Trust
Social Security Number/Tax ID	Eligibility	E-Mail Address	
Driver's License Number/State/Expiration Date	Employer	Position	

### Joint Owner 1 Information Joint Owner Trustee Other Specify: \_\_\_\_\_ Are You a Non-Resident Alien? Yes No

Name (First, Last, MI & Suffix)			
Physical Address		City	State Zip
Mailing Address ( <i>if different than above</i> )		City	State Zip
Home Phone	Business Phone	Cell Phone	Birth Date
Social Security Number		E-Mail Address	
Driver's License Number/State/Expiration Date	Employer	Position	

### Joint Owner 2 Information Joint Owner Trustee Other Specify: \_\_\_\_\_ Are You a Non-Resident Alien? Yes No

Name (First, Last, MI & Suffix)			
Physical Address		City	State Zip
Mailing Address ( <i>if different than above</i> )		City	State Zip
Home Phone	Business Phone	Cell Phone	Birth Date
Social Security Number		E-Mail Address	
Driver's License Number/State/Expiration Date	Employer	Position	

**Payable-On-Death Account Beneficiary Designation** You hereby designate the following beneficiary(ies).

Name	Relationship	Social Security Number	Percentage
Address			
Name	Relationship	Social Security Number	Percentage
Address			

**MasterMoney Debit Card/Members Audio Response System/Virtual Branch/Mobile Banking**

You are requesting the convenience of 24-hour access to Your Credit Union Account with MasterMoney Debit Card in conjunction with a Personal Identification Number (PIN) or Access Code. Your MasterMoney Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your checking account. You would like:

- MasterMoney Debit Card     Members Audio Response System     Virtual Branch     Mobile Banking

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

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

Name on Card 3: \_\_\_\_\_

**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 Pennsylvania 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 Pennsylvania 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

**Signatures**

You hereby apply for membership with Timberland Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Timberland Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Share Account, You may also from time to time request additional Accounts and/or Account Services 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 Timberland 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 herein in the payment of funds or the transaction of any business for Your Account(s).

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

Applicant (Primary Member) Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Owner #1 Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Owner #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Union Use Only**

Date of Membership \_\_\_\_\_ Opened by \_\_\_\_\_ Employee Signature \_\_\_\_\_ Verified by \_\_\_\_\_  
Access Card \_\_\_\_\_ PIN Requested \_\_\_\_\_

- Credit Report                       OFAC                                       Checks Ordered  
 Chex Systems                       Card Ordered                               Members Audio Response  
 Virtual Branch                       CU Online Banking (Bill Pay)                       Mobile Banking