



EACH BORROWER MUST SIGN A SEPARATE MEMBERSHIP APPLICATION

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 and request copies of those documents. **Any missing information may be completed for you by Evansville Teachers Federal Credit Union (ETFCU) using information you provided on your loan application.**

Primary Member # _____ Regular Share Account # _____ Date _____

Membership Eligibility _____

Tax-Reported Member/Owner Information

(Legal Name) First Middle Last Suffix (if applicable)

Type of ID _____ ID # _____ Place of Issuance _____

Issue Date _____ Expiration Date _____ Social Security Number _____

Date of Birth _____ Employer _____ Occupation _____

Mailing Address _____
P.O. Box or Street Address City State Zip

Physical Address _____
(If different or a P.O. Box) Street Address City State Zip

Home Phone _____ Cell Phone _____ Email _____

CERTIFICATION AS TO TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number,
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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).

- Check this box if you have been notified by the IRS that backup withholding applies.
- Check this box if you are a nonresident alien. A W-8BEN must be completed.

Your deposits are federally insured by the National Credit Union Share Insurance Fund to at least \$250,000 and backed by the full faith and credit of the United States Government. Evansville Teachers Federal Credit Union (ETFCU) operates branches and facilities under the ETFCU and Liberty Financial (LF) brands. By signing below, you acknowledge and understand that funds held at ETFCU and LF are not separately insured.

AGREEMENT: *By signing, I understand a minimum \$5 must be maintained in a regular share account for ETFCU membership. I agree to the terms and conditions of any approved account opened this date and future share accounts opened in the same ownership along with any amendments the Credit Union makes from time to time. I authorize you to check my credit and employment history and obtain reports from third parties, including credit reporting agencies. I further agree that if membership in ETFCU cannot be established through employment or other associations included in ETFCU's field of membership, ETFCU may enroll me in the Mater Dei Friends and Alumni Association by paying a \$5 association fee on my behalf. I understand I am entitled to the privileges of and may be contacted by such association. I further understand that membership in the organization qualifies me to join ETFCU and use the credit union's products and services. (See Addendum provided.)*

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

ONLY ONE SIGNATURE PERMITTED

X _____
Tax-Reported Member/Owner Signature Date

For Office Use Only Verification Type(s): DL or State ID Credit Bureau Other _____

Employee Opening Membership _____ Date _____

Membership Officer Approval _____ Date _____