

ST FRANCIS FEDERAL CREDIT UNION ACCOUNT CARD, MEMBERSHIP ACCOUNT AND SERVICES APPLICATION		<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE
		<input type="checkbox"/> OTHER:	
1. Member Information: Print Your Full Name [Including Middle and Suffixes – Jr., Sr.,] <hr/> <i>IF YOUR ROLE IS OTHER THAN AS AN OWNER INDICATE YOUR ROLE BELOW:</i> <input type="checkbox"/> TRUSTEE <input type="checkbox"/> CUSTODIAN <input type="checkbox"/> OTHER: (Describe: _____)		E-Mail Address to be used for Contact:	
Member Number:	Title of Account [If Different from 1. Above. Example: Doe Family Living Trust:	Member SSN or TIN:	
Street Address: Apt.#:	Driver's License or Other Government ID Number #:	State Issued:	
	Type of ID :	Issue Date: Exp Date:	
City:	State:	Zip Code:	
Date of Birth:			
Residential Phone Number: Check if Unlisted <input type="checkbox"/>			
Number to be used for Contact:			
To whom is this number listed: <input type="checkbox"/> Self <input type="checkbox"/> Other			
Occupation/Employer:	Business Phone Number:	Employee Clock ID (full): Department Name:	Membership Eligibility: (Employment, Family, Other):
B. Account(s) Requested: [Select Accounts Using the Boxes Below. With the Exception of IRA Accounts, All Accounts Selected will be Jointly Owned if this Card Lists any "Joint Owner(s)".			
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Share Savings Certificate Account	<input type="checkbox"/> Non-Dividend Bearing Account (This account does not pay dividends)	
<input type="checkbox"/> Checking Account	<input type="checkbox"/> UGMA/UTMA Account // Successor Custodian/Trustee: _____	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Christmas Club Account	<input type="checkbox"/> Vacation Club Account		
<input type="checkbox"/> Minor's Savings Account			
C. OTHER PARTIES: <input type="checkbox"/> CHECK HERE IF JOINT OWNER(S) Parties listed herein will be deemed joint owners unless you indicate another role on this account below: <input type="checkbox"/> TRUSTEE <input type="checkbox"/> CUSTODIAN <input type="checkbox"/> OTHER: (Describe: _____)			
Name: (<i>please print</i>) 2.	Date of Birth:	Social Security#:	Driver's License#: State: ____ Iss. & Exp:
Street Address:			
City:	State:	Zip:	
Name: (<i>please print</i>) 3.	Date of Birth:	Social Security#:	Driver's License#: State: ____ Iss. & Exp:
Street Address:			
City:	State:	Zip:	
Name: (<i>please print</i>) 4.	Date of Birth:	Social Security#:	Driver's License#: State: ____ Iss. & Exp:
Street Address:			
City:	State:	Zip:	
D. AUTHORIZED SIGNATURES: BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND <u>ON THE REVERSE SIDE OF THIS CARD.</u> I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. <u>Transactions to/from any accounts may be limited until ID verification of all persons is completed.</u>			
1. _____ Signature DATE	2. _____ Signature DATE		
3. _____ Signature DATE	4. _____ Signature DATE		

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING

W-9 CERTIFICATION - IF DEPOSITOR IS U.S. CITIZEN OR RESIDENT ALIEN UNDER PENALTIES OF PERJURY:

I certify (1) that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from back-up 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. 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.

W-8 CERTIFICATION - IF DEPOSITOR IS FOREIGN PERSON: Certification is provided on a separate document.

SIGNATURES, CONSENTS AND AGREEMENTS: Each applicant, authorized user or other party signing this Card, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of St Francis Federal Credit Union ("Credit Union"). Applicants certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. Applicants also acknowledge receipt and agree to be bound by any terms and conditions in this card, and in the Accounts & Services of the Credit Union Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s).services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.** If any representative capacity is indicated on the reverse side, the Credit Union shall provide all statements, notices and other information only to the person designated as having authority (e.g., a "trustee").

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON REVERSE SIDE): The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

ACCOUNT SERVICES: (Select the services requested with regard to the account selected on the reverse side. NOTE: Some services are not available for certain accounts.)

<input type="checkbox"/> Debit Card*	<input type="checkbox"/> eDocuments*	IF APPROVED: Overdraft Protection will make transfers from the accounts listed below in the order of priority listed: 1. Account or Loan Account No. 2. Account or Loan Account No.
<input type="checkbox"/> Payroll Deduction/Direct Deposit*	<input type="checkbox"/> Home Banking/Bill Pmt.*	
<input type="checkbox"/> Overdraft Protection*	<input type="checkbox"/> Other*:	

*A separate application may be required for this service. No protection from a loan account is provided unless approved for an overdraft loan account.

Credit Union Use Only:

Approval Notes: _____ **DRAFTING NOTE: ADD SUCH APPROVAL VERIFICATION INFORMATION AS YOU SEE FIT.**

PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD

1. Name: Address:	Relationship: Birth date:	Phone:
2. Name: Address:	Relationship: Birth date:	Phone:

Contingent Beneficiaries (Use Only if you Name a Single "Individual" Beneficiary Above). If you have named more than one primary beneficiary, then any election below will be disregarded. If the designated Single Individual POD beneficiary is deceased, then payable on the death of the account owner to the following Contingent Beneficiaries, in equal shares:

1. Name: Address:	Relationship: Birth date:	Phone:
2. Name: Address:	Relationship: Birth date:	Phone:

These POD designations only apply to the Account(s) Listed on the Reverse Side. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. If any beneficiary is not living funds shall be paid as expressly required by applicable state law; and if there is no express state law, then pursuant to the provisions set forth in the Membership Agreement with the Credit Union.

CREDIT UNION NOTES: The above applicant(s) membership approved:

Employee accepting the membership application: _____ Date _____

By: _____ (MEMBERSHIP OFFICER) Date Approved: _____

Name Discrepancy: The Credit Union has resolved the name discrepancy on the documentation relied upon to open this account; and to insure proper governmental list-checking via: _____