

APPLICATION FOR MEMBERSHIP LOUCHEM FEDERAL CREDIT UNION

(Please Print)

Account Number	Last Name	First Name	Initial
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Social Security Number	Check One <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Telephone Home
Address		Telephone Work
City	State	Zip Code
Birth Date	Date Opened	E-mail Address
Employer	Mother's Maiden Name	Family Membership Affiliation
Membership Officer Approval/Denial		Account No.
Date	OFAC pulled by:	Financial History: <input type="checkbox"/> CBR <input type="checkbox"/> Chex

Privacy Code - Clearly print your password containing a minimum of 4 and maximum of 8 Alpha letters:	Owner	Joint Owner
I do hereby establish the above written password to be used by me to obtain personal information, balances, and other financial data by telephone from any and all accounts I have at the Credit Union.		
I do hereby establish the above written password to be used by me to authorize wire transfers of \$1,000.00 or less from any of my accounts. I understand that all wire transfers over \$1,000.00 must be requested in writing, signed by me or a joint owner.		
I understand that any joint owner on my account(s) may use the above password.		

MEMBERSHIP APPLICATION AND ACCOUNT AGREEMENT

I hereby make application for membership in and agree to conform to the Bylaws, as amended, of LouChem Federal Credit Union (the "Credit Union"). I certify that: I am within the field of membership of this Credit Union; the information provided on this application is true and correct; and my signature on this card applies to all accounts under my name at this Credit Union. I also agree to be bound to the terms and conditions of any account that I have in the Credit Union now or in the future as set forth in the Membership Agreement.

I hereby request the account(s) set forth below, on the reverse of this card, or any addendum hereto. I authorize the Credit Union to verify any information provided hereon, to check my financial history, to obtain consumer reports on me, and to answer questions about my experiences with the Credit Union.

I agree to notify the Credit Union promptly of any changes in my mailing address that may occur while I am a member of the Credit Union.

Any account designated on the reverse side as a Share Account is non-transferable.

POD ACCOUNT AGREEMENT

If the undersigned account owner(s) hereby designates the below named P.O.D. payee(s) as beneficiary(ies) on this account. Upon the death of the owner, the proceeds of this account will automatically pass to the P.O.D. payee(s). In the event there is more than one owner of this account, the proceeds will not pass to the P.O.D. payee(s) until all owners have died. The P.O.D. payee(s) shall have no ownership rights or access to this account during the lifetime of the owner(s). Payment to any owner or P.O.D. payee(s) or the survivor(s) of them, upon the death of the owner, shall be valid and discharge said Credit Union from all liability for such payment.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owner, except by written notice to said Credit Union, which shall not affect transactions theretofore made. Any or all of said owner(s) may pledge all or any part of the shares in this account as collateral security for a loan or loans.

In the event that there is more than one owner of this account, the undersigned owners hereby agree with each other and with said Credit Union that all sums now or hereafter contained in such account, are and shall be owned by them jointly, with rights of survivorship and be subject to withdrawal and deposit by any of them.

P.O.D. Payees

Name	Social Security Number	Date
Name	Social Security Number	Date

CERTIFICATION AS TO TAXPAYER IDENTIFICATION (Number and Backup Withholding)

By signing below and under penalties of perjury, I certify 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**
- 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**
- I am a U.S. person (including a U.S. resident alien). I am not a U.S. person. (Fill out W-8).

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

NOTICE: ADDITIONAL TERMS AND CONDITIONS CONTINUED ON THE REVERSE SIDE

BY SIGNING BELOW I AGREE TO ALL THE TERMS STATED HEREIN:

Primary Member Signature

Date

**Please check the account(s) you wish to open.
INDICATE JOINT OWNER TO BE ON THE ACCOUNT WITH DATA REQUESTED**

Accounts:

<input checked="" type="checkbox"/> PRIME SHARE SAVINGS					
Joint Owner – Last Name		First Name		Initial	
Social Security Number		Date of Birth		Telephone Home	
Address				Telephone Work	
City		State	Zip Code	Telephone Cell	
E-mail Address					
Joint Signature X					Date
<input type="checkbox"/> SHARE SAVINGS					
Type:					
Joint Owner – Last Name		First Name		Initial	
Social Security Number		Date of Birth		Telephone Home	
Address				Telephone Work	
City		State	Zip Code	Telephone Cell	
E-mail Address					
Joint Signature X					Date
<input type="checkbox"/> SHARE DRAFT ACCOUNT (CHECKING)					
OVERDRAFT PRIVILEGE REQUESTED: (Choose One)					
OR 1. <input type="checkbox"/> None		OR 2. <input type="checkbox"/> Share Account Only		OR 3. <input type="checkbox"/> Overdraft Loan Only	
OR 4. <input type="checkbox"/> First:		Account #	Then,	Account #	
Joint Owner – Last Name		First Name		Initial	
Social Security Number		Date of Birth		Telephone Home	
Address				Telephone Work	
City		State	Zip Code	Telephone Cell	
E-mail Address					
Joint Signature X					Date

Services:

<input type="checkbox"/> Master Debit Card® Requested	
By checking this option, I hereby request an ATM or debit card and a Personal Identification Number (PIN) to be issued to me and understand that I am bound by the rules and regulations set forth for the use of this card. Please issue additional card(s) to the following individual(s):	
Name	Date
Name	Date
I understand that I am responsible for any transactions performed by these individuals and anyone that I or they give permission to use the card(s).	
Signature X	Date

<input type="checkbox"/> Audio Response/Home Banking instructions and Pin Number Requested	
By checking this option, I hereby request a Personal Identification Number (PIN) to be issued to me and understand that I am bound by the rules and regulations set forth for the use of the Audio Response and of the Home Banking systems. I understand that I am responsible for any transactions performed by me or anyone that I give permission to use the PIN.	
Signature X	Date

Joint Share Account Agreement (Not Transferable)

The Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all said joint owners to their credit as such joint owners with accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Any joint owner who is also a member of the above Credit Union may pledge all or any part of the shares in this account as collateral security to a loan or loans at the Credit Union.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions therefore made.

NOTICE: TERMS AND CONDITIONS CONTINUED ON THE REVERSE SIDE