Apply for Membership... and Let Your Family Join Too!

It's a five-minute investment in their financial future.

The information you provide is the first step to credit union membership for you and your family and access to lower cost loans and higher dividends on savings. Plus, once you're a member, you're always a member...even if you retire, change jobs, or move from one state to another.

Complete Sections 1 through 5, and we can start to build your membership file. If you'd like a joint owner to have access to your account, complete Section 3 and check the appropriate box in Section 4 (on other side).

1. PRIMARY MEMBER

As the Primary Member, you open the world of credit union membership to yourself, your spouse, and your immediate family. Fill in your information here, along with the information requested in Section 2. Please print plainly.

SS NUMBER: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST/ZIP: _____

MOTHER'S MAIDEN NAME: _____

PHONE: HOME: _____ WORK: _____

DOB: _____

EMPLOYER: _____

ADDRESS: _____

DRIVER'S LICENSE NUMBER/STATE: _____

E-MAIL ADDRESS: _____

Please complete Section 2 so we can verify that you qualify for membership at Telcoe Federal Credit Union. This is your place of employment, or a family member that is sponsoring you for membership.

2. ELIGIBILITY FOR MEMBERSHIP:

_____

3. JOINT OWNER WITH PRIMARY MEMBER

If you would like for an immediate family member (like a spouse, child, or parent) to have access to your account, complete section 3.

SS NUMBER: _____

JOINT OWNER NAME: _____

DOB: _____

DRIVERS LICENSE NUMBER/STATE: _____

MOTHER'S MAIDEN NAME: _____

Make sure you've completed both sides of this form and enclosed a check to open your account.

You can open your account with as much as you like, but the minimum is $5.00, plus a one-time $5.00 membership fee (minimum required to open a new account is $10.00).

Place this form, your check for at least $10.00, and a copy of your driver's license or government photo I.D. in an envelope and mail to:

Telcoe Federal Credit Union, P.O. Box 34200, Little Rock, AR 72203

Account # _____ Name _____

TFCU USE ONLY

4. OWNERSHIP OF ACCOUNT

Select one ownership type, and, if applicable, include a beneficiary designation. The ownership type and beneficiary designation specified on this document will remain the same for all accounts.

1. ❑ Individual 2. ❑ Joint with Survivorship

3. ❑ Member as Custodian for Minor under the Arkansas Uniform Transfers to Minors Act (UTMA)

Beneficiary: (*Place name and address of the beneficiary below.*)

_____

_____

_____

_____

5. SIGNATURES AND CERTIFICATIONS

BACKUP WITHHOLDING CERTIFICATION - Check box (A) only if true or (B) below:

❑ (A) **By signing below, I** (name) _____ **certify under penalty of perjury** that (1) the Taxpayer Identification Number (TIN) provided in Section 1 (your Social Security Number) above is my correct TIN, and I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding, and (2) I am a U.S. person (including a U.S. resident alien).

❑ (B) A separate Certification has been completed.

By signing below, the undersigned agree(s) to the Credit Union by-laws and the terms and conditions of any approved account, as amended from time to time, and authorize(s) the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify(ies) that the information provided on this application is true and correct and that the terms on this application apply to all listed accounts. The undersigned acknowledge(s) receipt of a copy of the terms and conditions applicable to each listed account and the following policy disclosures:

- Funds Availability
- Truth-In-Savings
- Electronic Fund Transfers
- Privacy

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

_____

Member Signature Date

_____

Joint Owner Signature Date

PAYROLL DEDUCTION and DIRECT DEPOSIT

If you would like to begin payroll deduction and/or direct deposit, please check the box(es) below, and we'll send you the required form(s).

❑ Direct Deposit ❑ Payroll Deduction

TFCU USE ONLY		Member Account Number
OFAC ✓	Initial	ID Type _____ Issue Date _____ Exp. Date _____