

Member Account Agreement

Opened By: _____
Date: _____

Credit Union Name & Address
CommonWealth Credit Union 563 William Latham Dr. P.O. Box 380 Bourbonnais, IL 60914 (815)937-7447

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1	
Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Owner/Signer Information 2	
Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Member No. _____
Account Title & Address

Ownership of Account
<i>(Check appropriate ownership)</i>
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Joint with Survivorship <input type="checkbox"/> Corporation - Nonprofit <input type="checkbox"/> Trust-Separate Agreement <input type="checkbox"/> Partnership Dated: _____ <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> _____ as custodian for _____ (Name of minor) under the Illinois Uniform Transfers to Minors Act.

Beneficiary Designation
<input type="checkbox"/> Pay-On-Death (POD) Name: _____ Address: _____ SSN: _____ DOB: _____ Name: _____ Address: _____ SSN: _____ DOB: _____ Name: _____ Address: _____ SSN: _____ DOB: _____

Type of Account
<input type="checkbox"/> Share Savings <input type="checkbox"/> Club Account Suffix _____ <input type="checkbox"/> Checking <input type="checkbox"/> _____ <input type="checkbox"/> Money Market <input type="checkbox"/> _____

Services Requested
<input type="checkbox"/> ATM Card <input type="checkbox"/> Online Banking <input type="checkbox"/> Debit Card <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Direct Deposit <input type="checkbox"/> E-Statements <input type="checkbox"/> Audio Response (TELCU) <input type="checkbox"/> Bill Pay

Other Terms/Information
Opt-in for ATM/Debit card processing and fees By signing below, I authorize CommonWealth Credit Union to pay future overdrafts on ATM withdrawals and everyday Debit Card transactions once I am provided courtesy pay privileges. X _____ Date _____

Owner/Signer Information 3	
Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
Member Qualification/ Relationship to Member	

Non-Individual Owner Information

Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/ Resolution Date	
Previous Financial Inst.	
Member Qualification/ Relationship to Member	

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: _____

Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.

Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

Proxy

By checking this box, the member hereby constitute and appoint the members of the board of directors of this Credit Union, who are qualified and acting directors at the time this proxy is used, as proxies to vote for the election of directors, mergers and any matter with regard to which credit union shareholders are entitled to cast all votes to which the member is entitled, as the said directors or majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes, of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

Deposit Insurance Acknowledgement

I acknowledge, by members' choice, that my deposits in Commonwealth Credit Union are insured by American Share Insurance (ASI) up to \$250,000 per account. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money.

Member Initials: _____

Signature(s)

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | |
|--|---|
| <input type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Electronic Fund Transfers | <input type="checkbox"/> Truth in Savings |
| <input type="checkbox"/> Substitute Checks | <input type="checkbox"/> Funds Availability |
| <input type="checkbox"/> Common Features | <input type="checkbox"/> _____ |

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

- [X]
- [X]
- [X]
- [X]