

**NEW MEMBER APPLICATION / AGREEMENT**

 <p><b>ABC</b><sup>SM</sup> <b>CU</b> 1-800-225-1859 www.goabco.org</p>	<p align="center"><b>ACCOUNT TYPE:</b></p> <p>OPEN AS:      CHECKING:</p> <p> <input type="checkbox"/> Personal    <input type="checkbox"/> Trust    <input type="checkbox"/> Minor    <input type="checkbox"/> Protection Plus  <input type="checkbox"/> Organization   <input type="checkbox"/> Club        <input type="checkbox"/> Rewards   <input type="checkbox"/> Standard         </p>	<p>E Funds _____</p> <p>Member Eligibility _____</p>
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**MEMBER INFORMATION**

NAME (First, Middle, Last)		SOCIAL SECURITY #
STREET ADDRESS		DATE OF BIRTH
CITY, STATE, ZIP		HOME PHONE
EMPLOYER	OCCUPATION	CELL PHONE
EMPLOYER'S ADDRESS		WORK PHONE
ID # OR DRIVER'S LICENSE #	EMAIL ADDRESS	MOTHER'S MAIDEN NAME

**JOINT OWNER INFORMATION**

NAME (First, Middle, Last)		RELATIONSHIP	SOCIAL SECURITY #
CITY, STATE, ZIP			DATE OF BIRTH
EMPLOYER		OCCUPATION	HOME PHONE
EMPLOYER'S ADDRESS			CELL PHONE
EMPLOYER'S ADDRESS			WORK PHONE
ID # OR DRIVER'S LICENSE #	EMAIL ADDRESS		MOTHER'S MAIDEN NAME

**ACCOUNT DESIGNATIONS**

**PAYABLE ON DEATH (POD) / TRUST ACCOUNT**     All Accounts     Designate Specific Account(s):

BENEFICIARY	BENEFICIARY		
RELATIONSHIP	RELATIONSHIP		
STREET ADDRESS	STREET ADDRESS		
CITY, STATE, ZIP	CITY, STATE, ZIP		
SOCIAL SECURITY #	DATE OF BIRTH	SOCIAL SECURITY #	DATE OF BIRTH

**AGREEMENT**

I AGREE TO GRANT AUTHORITY TO THE CREDIT UNION TO PERFORM ALL NECESSARY CREDIT INVESTIGATIONS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**OVERDRAFT PROTECTION**

Choose one of the following options to direct the credit union in processing withdrawals from your account which exceeds the balance available.

DO NOT PAY OVERDRAFTS     TRANSFER FROM SHARE SAVINGS     TRANSFER FROM SHARE DRAFT  
 TRANSFER FROM MONEY MARKET (\$100 MINIMUM)     TRANSFER FROM LINE-OF-CREDIT

I ACKNOWLEDGE that membership at ABCO Federal Credit Union comes with certain ongoing responsibilities. By signing this document, I and my joint owner(s), if any, agree to abide by the properly disclosed terms and conditions of all accounts or services that I/we may receive at ABCO. These terms and conditions will be disclosed in accordance with applicable state and federal laws, and are provided in the disclosure and agreement forms listed under the corresponding outlined areas. The survivorship designated on my primary savings account applies to all other joint accounts with the same joint owner, unless specifically designated otherwise for a particular account.

**UNDER PENALTIES OF PERJURY, I certify that the Social Security Number I have listed above is my correct number and that I am not, unless designated below, subject to backup withholding and that I am, unless, designated below, a U.S. citizen (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

<p>MEMBER    <input type="checkbox"/> I AM SUBJECT TO BACKUP WITHHOLDING</p> <p>            <input type="checkbox"/> I AM EXEMPT FROM WITHHOLDING.</p> <p>            <input type="checkbox"/> I AM NOT A CITIZEN OR RESIDENT (COMPLETE W-8 FORM).</p>	<p>JOINT OWNER    <input type="checkbox"/> I AM SUBJECT TO BACKUP WITHHOLDING</p> <p>                     <input type="checkbox"/> I AM EXEMPT FROM WITHHOLDING.</p> <p>                     <input type="checkbox"/> I AM NOT A CITIZEN OR RESIDENT (COMPLETE W-8 FORM).</p>	<p align="center"><b>SURVIVORSHIP SELECTION APPLIES TO SHARE SAVINGS AND SHARE DRAFT JOINT OWNERS. (Please Check One.)</b></p> <p><input type="checkbox"/> <b>JOINT ACCOUNTS WITH SURVIVORSHIP</b> (On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.)</p> <p><input type="checkbox"/> <b>JOINT ACCOUNTS - NO SURVIVORSHIP</b> (On the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate.)</p>
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MEMBER SIGNATURE	JOINT OWNER SIGNATURE	DATE (Month, Day, Year)
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