

Member # _____
(Completed by PCU staff)

USE BLACK INK ONLY

A \$25 minimum balance is required to open an account with the credit union.

MEMBER APPLICATION

Ownership Name Change due to death, marriage or divorce (copy of proof required).

Name of Member/Organization/Club/Sole Prop:

Name _____
 Street _____
 City/ST/ZIP _____
 Home Phone (_____) _____
 Work Phone (_____) _____
 Cell Phone (_____) _____
 Date of Birth ____/____/____
 SSN/TIN _____
 DL/ID# _____
 Date Iss. _____ Date Exp. _____
 Mother's Maiden Name _____
 E-mail _____
Mailing Address (Leave blank if same):
 Street _____
 City/ST/ZIP _____

Call Center PIN _____ (4 numbers)
 (Cannot correspond with any personal information on this form)

Member Eligibility:

Family (Family Member Name) _____
 Employer (Name of Employer) _____
 I LIVE in qualifying area
 I WORK in qualifying area:
 Name of Employer _____
 Address of Employer _____

For Special Purpose Account (Organization, Club, Sole Prop): Whenever a change is made dictating who is or is not authorized to conduct business on this Account, a new resolution with the credit union must be completed. It is the responsible party's responsibility to keep the credit union informed of any changes.
 Resolution on file dated ____/____/____

OWNERSHIP OPTIONS

Add Joint

Must Check One: Individual Account Joint Account Trust Dated ____/____/____ (Copy of Trust Agreement required) Organization/Club/Sole Prop
 UTTMA (For Uniform Transfer to Minor Accounts): _____ as custodian for _____ (Name of Minor)
Under the Uniform Transfers to Minors Act

Information regarding: Joint Owner -or- Authorized Signer (POA or Estate)
 Responsible Party (Organization, Club, Sole Prop)

Name _____ (Please Print)
 Street _____
 City/ST/ZIP _____
 Home Phone (_____) _____
 Work Phone (_____) _____
 E-mail _____
 SSN/TIN _____ Date of Birth ____/____/____
 DL/ID# _____
 Date Iss. _____ Date Exp. _____

Information regarding: Joint Owner -or- Authorized Signer (POA or Estate)
 Responsible Party (Organization, Club, Sole Prop)

Name _____ (Please Print)
 Street _____
 City/ST/ZIP _____
 Home Phone (_____) _____
 Work Phone (_____) _____
 E-mail _____
 SSN/TIN _____ Date of Birth ____/____/____
 DL/ID# _____
 Date Iss. _____ Date Exp. _____

BENEFICIARY INFORMATION

Add / Change Beneficiary

Beneficiary Name _____ (Please Print)
 Street Address _____
 City/ST/ZIP _____
 SSN/TIN _____ Date of Birth ____/____/____

Beneficiary Name _____ (Please Print)
 Street Address _____
 City/ST/ZIP _____
 SSN/TIN _____ Date of Birth ____/____/____

Account Services Card

Member # _____

ACCOUNT TYPE

Member agrees all accounts under this member number shall be held in the same form of ownership and shall have the same beneficiary designation, if any, except that IRAs (Individual Retirement Accounts) shall be governed by separate documents.

I wish to open the following account types:

	Date	Initial
<input type="checkbox"/> Share Savings	_____	_____
<input type="checkbox"/> Share Draft/Checking with VISA CheckCard/ATM	_____	_____
<input type="checkbox"/> Share Certificate	_____	_____
<input type="checkbox"/> Money Market	_____	_____
<input type="checkbox"/> Holiday Helper	_____	_____
<input type="checkbox"/> Club Account	_____	_____
<input type="checkbox"/> Trust	_____	_____
<input type="checkbox"/> Other	_____	_____

I wish to open the following optional services:

- Online Banking
- VISA
- Payroll Deduction
- E-statements*
- Bill Pay*

*Requires online sign-up.

Overdraft Options (If left blank, overdraft will default to savings.)

	Order	Initial
<input checked="" type="checkbox"/> Savings	_____	_____
<input type="checkbox"/> Line-of-Credit	_____	_____
<input type="checkbox"/> Other _____	_____	_____
_____	_____	_____
_____	_____	_____

AGREEMENT AND SIGNATURES

JOINT ACCOUNT AGREEMENT: Any owner is authorized and deemed to act for any other owner(s) and may instruct the Credit Union regarding transactions and other account matters. Each owner guarantees the signature of any other owner(s). Any owner may withdraw all funds, stop payment on items, transfer, or pledge to the Credit Union all or any part of the shares without the consent of the other owner(s). The Credit Union has no duty to notify other owner(s) about any transaction. The Credit Union reserves the right to require written consent of all owners for any change to or termination of an account. If the Credit Union receives written notice of a dispute between owners, or inconsistent instructions from them, the Credit Union may suspend or terminate the account and require a court order or written consent from all owners to act.

Member agrees all accounts under this member number shall be held in the same form of ownership and shall have the same beneficiary designation, if any, except that IRAs (Individual Retirement Accounts) shall be governed by separate documents.

AUTHORIZATION: By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.**

PROXY: The undersigned does hereby constitute and appoint the members of the Board of Directors of Premier Credit Union, Palatine, Illinois, 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 vote by proxy, all the shares of Premier Credit Union now or hereafter owned or held by the undersigned, as the said directors or a majority of them see fit, at all annual or special meetings of the members of the 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 undersigned further authorizes the said proxies to designate a person or committee to cast the vote or votes of the undersigned in such manner and for such candidates as the proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION: Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) 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 (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

ALL OWNERS / RESPONSIBLE PARTIES MUST SIGN:

X _____ (Signature) _____ (Date) X _____ (Signature) _____ (Date) X _____ (Signature) _____ (Date)



FOR CREDIT UNION USE ONLY

Date of Membership ____/____/____ Open/Approved By _____

Board Approval _____

Date _____