

ADDITIONAL JOINT OWNERS AND/OR ACCOUNT BENEFICIARIES

ACCOUNT #

This page only needs to be completed if additional joint owner(s) and/or account beneficiary(ies) are desired. MUST BE SUBMITTED WITH THE MEMBERSHIP APPLICATION. Contact the credit union if more joint owners and/or beneficiaries are required.

JOINT OWNER #2 INFORMATION				JOINT OWNER #3 INFORMATION			
Name (Please Print) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Date of Birth		Name (Please Print) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Date of Birth	
Soc. Sec. No. or Tax ID No.		Mother's Maiden Name		Soc. Sec. No. or Tax ID No.		Mother's Maiden Name	
Home Address				Home Address			
City/State/ZIP Code				City/State/ZIP Code			
Home Phone (including Area Code)		Business Phone (include extension if applicable)		Home Phone (including Area Code)		Business Phone (include extension if applicable)	
Mobile Phone		Email Address		Mobile Phone		Email Address	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed due to disability				Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed due to disability			
Employer				Employer			
Occupation (if retired or unemployed, list previous occupation)				Occupation (if retired or unemployed, list previous occupation)			
I.D. Type <input type="checkbox"/> Driver's License <input type="checkbox"/> State I.D. <input type="checkbox"/> Other _____		I.D. Expire Date	I.D. State of Issuance	I.D. Type <input type="checkbox"/> Driver's License <input type="checkbox"/> State I.D. <input type="checkbox"/> Other _____		I.D. Expire Date	I.D. State of Issuance
I.D. Number		<input type="checkbox"/> Please issue an ATM or Visa Check Card for this joint owner.*		I.D. Number		<input type="checkbox"/> Please issue an ATM or Visa Check Card for this joint owner.*	

*Subject to approval and account balance requirements. A basic ATM card may be offered if the member is ineligible for the ATM/Visa Check Card.

Authorization (ALL ADDITIONAL JOINT OWNERS MUST SIGN BELOW)

By signing below, I (we) agree to all terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. In addition to any other consent, I (we) authorize the credit union to check my account, credit, and employment history and obtain a credit report from third parties, including credit reporting agencies to verify my eligibility for accounts and services. I (we) acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I (we) agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement

X _____
Joint Owner #2 Signature

Date

X _____
Joint Owner #3 Signature

Date

ADDITIONAL PAYABLE ON DEATH (POD) ACCOUNT BENEFICIARY(IES)

Payable on Death (POD) Account *(This Payable on Death designation applies to the accounts and sub-accounts, excluding IRAs, under this member account number)*

Name (Please Print)		Date of Birth
Home Address		
City/State/ZIP Code		
Soc. Sec. No. or Tax ID No.	Relationship to Primary Member	Home Phone

Name (Please Print)		Date of Birth
Home Address		
City/State/ZIP Code		
Soc. Sec. No. or Tax ID No.	Relationship to Primary Member	Home Phone

Name (Please Print)		Date of Birth
Home Address		
City/State/ZIP Code		
Soc. Sec. No. or Tax ID No.	Relationship to Primary Member	Home Phone

Name (Please Print)		Date of Birth
Home Address		
City/State/ZIP Code		
Soc. Sec. No. or Tax ID No.	Relationship to Primary Member	Home Phone

Name (Please Print)		Date of Birth
Home Address		
City/State/ZIP Code		
Soc. Sec. No. or Tax ID No.	Relationship to Primary Member	Home Phone

Name (Please Print)		Date of Birth
Home Address		
City/State/ZIP Code		
Soc. Sec. No. or Tax ID No.	Relationship to Primary Member	Home Phone