



MEMBERSHIP APPLICATION

Indiana Lakes FCU,
322 S Detroit St
Warsaw, Indiana 46580 - (574) 267-7497

ACCOUNT TYPE: All of the terms, conditions, form of account ownership, account selection and other information indicated on this application apply to all of the accounts listed unless the Credit Union is notified in writing of a change:

- Share/Savings Money Market
Share Draft/Checking HSA
Share Certificate/Certificate Other

ACCOUNT #: _____

ACCOUNT INFORMATION:

Individual Joint w/Rights of Survivorship Joint w/o Rights of Survivorship

Primary Owner Name: _____ Social Security # (tax id #): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____ Driver's License Number: _____

Employed By (include location): _____ Work Phone Number: _____

Membership Eligibility: _____

Joint Owner Name: _____ Social Security # (tax id #): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____ Driver's License Number: _____

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 (or I am waiting for a number to be issued to me), AND
(2) I am not subject to backup withholding either because 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 the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement account (IRA), and payments other than interest and dividends), or I am exempt from backup withholding, AND
(3) I am a U.S. person (including a U.S. resident alien)

CERTIFICATION INSTRUCTIONS. You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividend on your tax return. I have read and understand all disclosures.

INCLUDE INITIAL \$5.00 DEPOSIT AND \$1.00 MEMBERSHIP FEE

I/we hereby make application for membership in the credit union named below, and agree to conform to its bylaws and amendments thereof, copies of which have been made available to me, and to subscribe for at least one (1) share.

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements 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 Fund Transfers Agreement and Disclosure.

By signing this card, I/we authorize the credit union to obtain credit reports in connection with this application for membership, services and/or credit, and for update, renewal or extension of the credit received, if applicable. If you request, the credit union will tell you the name and address of any bureau from which it received a credit report on you.

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

Primary Owner (Signature): _____ Date: _____

Joint Owner (Signature): _____ Date: _____



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JOINT SHARE ACCOUNT AGREEMENT (*NOT TRANSFERABLE)

INDIANA LAKES FEDERAL CREDIT UNION is hereby authorized to recognize any of the signatures subscribed in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit
Overdraft Protection (indicate transfer priority):
PC Access/Internet Banking Other:
ATM Card
Debit Card
Audio Response

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee:
Street:
City/State/Zip:

UTMA/UGMA (as custodian for (minor) under the Uniform Transfers/Gifts to Minors Act)

Minor's SSN/TIN:

Agency Agent only for HSA

Print Name of Agent:
Signature: Date:

Other: See Account Authorization Card

FOR CREDIT UNION USE ONLY:

See Account Change Card See Insurance Beneficiary Card
Date of Membership: Opened/Approved by: Member Verification:
Credit Report Check Verify PIN Request
Access Card Audio Response PC Access/Internet Banking