

ADDING A JOINT MEMBER

All financial institutions are required by law to obtain, verify and record information on new members, new account holders and co-borrowers. When you open an account at Baxter Credit Union (BCU), we will ask for information that will help to verify your identity. We may also ask to see your driver's license or other form of identification. This information is being requested to assist the government with preventing fraudulent activities.

MEMBER INFORMATION

Member # _____

First Name	Middle Initial	Last Name	Driver's License or State ID Number	State Issued	Date Issued MM/DD/YYYY	Expiration Date MM/DD/YYYY
Address/Residence (no P.O. boxes)			City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own How Long
Email address				Social Security Number		Date of Birth
Home Phone (include area code)		Work Phone (include area code) Ext.		Cell Phone (include area code)		

JOINT MEMBER (#1) INFORMATION

First Name	Middle Initial	Last Name	Driver's License or State ID Number	State Issued	Date Issued MM/DD/YYYY	Expiration Date MM/DD/YYYY
Address/Residence (no P.O. boxes)			City	State	Zip Code	How Long
Current Employer	<input type="checkbox"/> Contractor/Temp.	Title	Employer Address		Gross Monthly Salary/ Hourly Pay	Time Employed
Email address			Social Security Number		Would you like a Debit card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth
Home Phone (include area code)		Work Phone (include area code) Ext.		Cell Phone (include area code)		

ADDITIONAL JOINT MEMBER (#2) INFORMATION

First Name	Middle Initial	Last Name	Driver's License or State ID Number	State Issued	Date Issued MM/DD/YYYY	Expiration Date MM/DD/YYYY
Address/Residence (no P.O. boxes)			City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own How Long
Current Employer	<input type="checkbox"/> Contractor/Temp.	Title	Employer Address		Gross Monthly Salary/ Hourly Pay	Time Employed
Email address			Social Security Number		Date of Birth	
Home Phone (include area code)		Work Phone (include area code) Ext.		Cell Phone (include area code)		

ADDITIONAL JOINT MEMBER (#3) INFORMATION

First Name	Middle Initial	Last Name	Driver's License or State ID Number	State Issued	Date Issued MM/DD/YYYY	Expiration Date MM/DD/YYYY
Address/Residence (no P.O. boxes)			City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own How Long
Current Employer	<input type="checkbox"/> Contractor/Temp.	Title	Employer Address		Gross Monthly Salary/ Hourly Pay	Time Employed
Email address			Social Security Number		Date of Birth	
Home Phone (include area code)		Work Phone (include area code) Ext.		Cell Phone (include area code)		

BENEFICIARY NAME (optional)	Social Security Number	Date of Birth
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MEMBER PROXY STATEMENT

I do hereby appoint the members of the Board of Directors of BCU, who are the qualified and acting directors at the time this proxy is used, as proxies to vote for the election of directors all the shares of BCU now or hereafter owned or held by me as the said directors or majority of them see fit, at all annual or special meetings of the members of BCU hereafter held and each adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by me. I further authorize the said proxies to designate a person or committee to cast the vote or votes for me in such manner and for such candidates as the said proxies shall determine and as permitted by law.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding. Under penalties of perjury and by signing below, I certify that: (i) The number shown on this form is my correct taxpayer identification number, (or I am waiting for a number to be issued). (ii) 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 (iii) 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 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.

SIGNATURES

- 1. Credit Report Authorization:** By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.
- 2. Member Product and Services:** By signing below you acknowledge that you have received and agreed to the terms and conditions contained on both sides of this form and in the Deposit Account Agreement, which includes Truth-in-Savings and Fee disclosures, Privacy Policy and any amendments to these documents the Credit Union may make from time to time.
- 3. Proxy:** (See reverse page) I understand the credit union has a limited security interest in my accounts. Unless I tell you otherwise, I agree to the "Member Proxy Statement" on the back of this form. If checked, I have completed the Overdraft Privilege provision.

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

Signature (PRIMARY)

Date

X

Signature (JOINT #1)

Date

X

Signature (JOINT #2)

Date

X

Signature (JOINT #3)

Date

OWNERSHIP TYPES

Individual Share Account Agreement: If individual account box is checked, this account is solely owned by one individual or business who does not intend to create any survivorship rights in any other person by merely opening this account.

Joint Share Account Agreement: If joint share account box is checked, BCU is hereby authorized to recognize any of the signatures subscribed on the reverse side hereof 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 BCU 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 of any of them or the survivor or survivors shall be valid and discharge BCU from any liability for such payment.

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. The right or authority of BCU under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to BCU which shall not affect transactions theretofore made. Minors 15 years of age and under are not eligible for a checking account. Minors who are 16 or 17 years of age can have a checking account if it is joint with a parent or guardian.

Trust Share Account Agreement: If either trust share box is checked, see separate account disclosure for the trust account agreement. If trust other box is checked, please provide a copy of your trust account agreement.

Uniform Transfers to Minors Account Agreement: If the UTMA box in the account ownership box is checked, the funds in this account may not be pledged as security for any purpose.

FOR CREDIT UNION USE ONLY

Branch No: _____ Entered by: _____ Audited by: _____ Promo Code: _____

