

Connexus Credit Union
INDIRECT LENDING MEMBERSHIP/ACCOUNT AGREEMENT

New Membership

Member # _____

Membership Eligibility

Please indicate how you are eligible for membership: (*visit connexuscu.org for a field of membership listing*)

Source One / Connexus Association

Primary Member Information (*please print*)

First Name: _____ Last Name: _____ M.I.: _____
Phone: (Home) _____ (Work) _____ (Cell) _____
Email Address: _____

Joint Owner 1 Information (*please print*)

First Name: _____ Last Name: _____ M.I.: _____
Phone: (Home) _____ (Work) _____ (Cell) _____
Email Address: _____

Contact Method

Preferred Contact Method: Phone (which _____) Email Mail

Important Notice Regarding New Accounts

Membership Agreement

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

If I/We are not already a member, I/We apply for membership in and agree to the terms and conditions as provided, and I/We agree to conform to the bylaws and any amendments of Connexus Credit Union. Primary applicant for membership certifies that he or she is within the Credit Union field of membership. I authorize Connexus Credit Union to check my account, credit, and employment history, and to obtain a credit report now or in the future. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my/our Account and/or in connection with making future credit opportunities available to me. This is not a marital account. If the initial share is deposited by the credit union, it will be revoked if no additional deposits or loans are added to my membership within one year of membership date. It is agreed that if more than one person signs this application, this account is jointly held by the parties named hereon. Upon the death of any of them, ownership or all funds in this account are passed to the survivor. Your retention and/or use of FastCash (ATM) or FastCash & Check (ATM/Debit) card(s) constitutes acceptance of terms and conditions.

I certify that all statements on this application are true and complete.

Check here if under 18. If so, parent or guardian required to sign as joint holder.

Social Security Number/Taxpayer Identification Number

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), 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 qualify and are not a U. S. Person.

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

X _____

Primary Member Signature (Required) _____ Date _____

X _____

Joint Owner (#1) Signature (If applicable) _____ Date _____

X _____

Joint Owner (#2) Signature (If applicable) _____ Date _____

CREDIT UNION USE ONLY

TIS Disclosures Provided:

Initials Date

Member # _____ CIP Verified by: Initials/Date _____