

ACCOUNT NUMBER:

Cinfed Credit Union
Membership Application

TYPE OF ACCOUNT

- Individual, Joint w/Survivorship, Guardian, Estate, Custodial, Minor, Representative Payee, Living Trust, Uniform Gift to Minor

PLEASE PRINT CLEARLY

Last Name (Non-resident alien: yes no), First Name, M.I., SSN verified, Date of Birth

Physical Address, City, State, Zip Code, Occupation, Employer

Home Phone, Business Phone, Cell Phone, Mother's Maiden Name, Email Address

CHECK IF SAME AS PHYSICAL ADDRESS

Mailing Address, City, State, Zip Code

I qualify for Membership (choose appropriate answer):

Existing Account #

Two or Three Signatures Required:

- Live Work, Worship, Do Business In Family, Hamilton Co., OH, Boone Co., KY, Campbell Co., KY, Kenton Co., KY

If marked, two or three signatures will be required for any and all transactions and account changes. Accounts will not have access to phone transactions, ATM or Debit Cards, Online Banking, Online Bill Pay, or Cinfed Connection.

ADDITIONAL SIGNERS

Name (Non-resident alien: yes no) for three signers

Social Security #, Date of Birth for three signers

Physical Address for three signers

City, State, Zip Code for three signers

Mailing Address (if different than physical address) for three signers

City, State, Zip Code for three signers

Relation to Primary Acct. Holder, Occupation for three signers

Home Phone, Work Phone for three signers

Mother's Maiden Name, Employer for three signers

Email Address for three signers

To be complete by credit union personnel:

Date:

Received by

Branch:

- New Account, Close and Reopen, Name Change (Joint Primary), CIP Form, Update Beneficiary(ies), Former Name, Joint Owner Change: Add/Remove, Other changes made to account

NEW MEMBER QUESTIONNAIRE

To help protect your interest and the interest of Cinfed, we have a few questions regarding all new accounts. This allows us to get to know you and what type of activity to expect on the account.

1. Will this be your primary savings or checking account? Yes No
2. Will you have direct deposit or automatic deductions attached to this account? Yes No
3. On average, how frequently will deposits be made? _____
4. What is the average amount of the deposits? _____
5. Do you anticipate sending/receiving frequent wire transfers? Yes No
6. Which of these ranges includes your annual household income?

<input type="checkbox"/> Less than \$50,000	<input type="checkbox"/> \$100,001 to \$150,000
<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> More than \$150,000
7. Are you or any of your relatives or associates connected to the government of a country other than the United States? Yes No
8. Do you anticipate any transactions to originate or have a destination outside of the US? Yes No

PAYABLE ON DEATH (Optional)

As owner of the above designated account, I hereby instruct Cinfed Credit Union that this account is payable to the owner or owners during their lifetimes and upon the death of the last account owner, payable to any named and surviving POD payee/beneficiary designated on this Account Card. Accounts payable to more than one POD payee/beneficiary are owned jointly by such payees with rights of survivorship. The credit union shall at no time have any obligation whatsoever to notify any payee of the existence of any account or the vesting of the payee's interest in any account, except as otherwise provided by law. **By signing this form I hereby revoke and cancel any and all payable on death designation(s) previously made by me with respect to the above listed account.**

PAYEE(S)/BENEFICIARY(IES)

Name: _____ Social Security Number _____

Address: _____

Home #: _____ Work #: _____

Name: _____ Social Security Number _____

Address: _____

Home #: _____ Work #: _____

Name: _____ Social Security Number _____

Address: _____

Home #: _____ Work #: _____

Name: _____ Social Security Number _____

Address: _____

Home #: _____ Work #: _____

AUTHORIZATION

I certify that the above information is true and complete. I authorize the investigation and verification of my credit, employment, and income to determine my eligibility for credit. I understand that Cinfed Credit Union will be taking a security interest in any and all accounts (except Individual Retirement Accounts) listed in my name(s), and in the event of default, I authorize Cinfed Credit Union to apply same accounts to payment of said obligations.

"Under penalty of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to any backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding."

By signing below the undersigned agree to the by-laws of this credit union and applicable account terms and conditions, as amended from time to time, and to pay any membership or entrance fee. The undersigned acknowledge that this membership application applies to current and future accounts added to this account number. The undersigned certify that the information provided on this agreement is true and correct and that the terms on this agreement apply to all listed accounts. The undersigned will notify credit union of any physical and/or mailing address changes. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to each listed account and the following policy disclosures:

Funds Availability Electronic Fund Truth in Savings Privacy Policy CIP

X Signature Date

X Signature Date

X Signature Date

X Signature Date