MEMBERSHIP APPLICATION & AGREEMENT

1600 Huntington Drive, P.O. Box 1249, Calumet City, IL 60409
Phone: 708.891.7800 • Phone: 219.923.8600 • Fax: 708.891.8745

Membership Number

Account Type(s):

- ☐ Share Savings
- ☐ Secondary Savings
- ☐ Christmas Club
- ☐ Max Returns Money Market
- ☐ Insured Money Market
- ☐ Traditional IRA
- ☐ Roth IRA
- ☐ Opportunity Plus Checking
- ☐ Money Maker Checking
- ☐ Max Returns Checking
- ☐ Certificate (term) _____
- ☐ Certificate (term) _____
- ☐ Certificate (term) _____
- ☐ Other _____

Account Ownership:

- ☐ Individual
- ☐ Joint with Right of Survivorship
- ☐ Payable On Death (POD)
- ☐ Trust
- ☐ Representative Payee
- ☐ Other _____

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

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 You for Your name, 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.

Primary Owner Information

☐ Member ☐ Trust ☐ Other Specify: _____ Are You a Non-Resident Alien? ☐ Yes ☐ No

Name *(First, Last, MI & Suffix* or *Name of Trust)*			Birth Date or Date of Trust	
Address	City		State	Zip
Mailing Address *(if different than above)*	City		State	Zip
Phone Number	E-Mail Address	Social Security Number	Security Word/Password	
Driver's License Number/State/Exp. Date	ID Type	Employer/Occupation		

Eligibility: You are eligible for membership in this Credit Union because: ☐ You are employed by _____; or ☐ You reside in the _____ zip code; or ☐ You are employed in the _____ zip code; or ☐ family.

Owner 2 Information

☐ Joint Owner ☐ Trustee ☐ Representative Payee ☐ Other Specify: _____ Are You a Non-Resident Alien? ☐ Yes ☐ No

Name *(First, Last, MI & Suffix)*			Birth Date	
Address	City		State	Zip
Mailing Address *(if different than above)*	City		State	Zip
Phone Number	E-Mail Address		Security Word/Password	
Social Security Number	Driver's License Number/State/Exp. Date	ID Type	Employer/Occupation	

Owner 3 Information

☐ Joint Owner ☐ Trustee ☐ Representative Payee ☐ Other Specify: _____ Are You a Non-Resident Alien? ☐ Yes ☐ No

Name *(First, Last, MI & Suffix)*			Birth Date	
Address	City		State	Zip
Mailing Address *(if different than above)*	City		State	Zip
Phone Number	E-Mail Address		Security Word/Password	
Social Security Number	Driver's License Number/State/Exp. Date	ID Type	Employer/Occupation	

Owner 4 Information ☐ Joint Owner ☐ Trustee ☐ Representative Payee ☐ Other Specify: _____ Are You a Non-Resident Alien? ☐ Yes ☐ No

Name *(First, Last, MI & Suffix)*			Birth Date	
Address	City		State	Zip
Mailing Address *(if different than above)*	City		State	Zip
Phone Number	E-Mail Address		Security Word/Password	
Social Security Number	Driver's License Number/State/Exp. Date	ID Type	Employer/Occupation	

Debit Card/Online Banking/Mobile Banking/Illy

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your linked account. You would like:

☐ Debit Card ☐ Online Banking ☐ Mobile Banking ☐ Illy

Name on Card 1: _____ Name on Card 2: _____

Name on Card 3: _____ Name on Card 4: _____

Trust

You hereby certify that:

(1) ☐ This is a revocable living trust. ☐ This is an irrevocable trust. Name of Trust _____;
(2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds;
(3) The Trust Agreement appoints:

_____

_____

as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

(4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You indemnify Us from any liability and costs We may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

For revocable living trust accounts, You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this account to the revocable living trust named above.

You agree to be bound by the terms and conditions of this Account with Iliana Financial Credit Union and the Credit Union's bylaws, rules and regulations in effect, which are subject to changes from time to time.

Lien Impressment and Set-Off. You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

Signature of Settlor/Trustee of above Trust	Signature of Settlor/Co-Trustee of above Trust
Signature of Settlor/Co-Trustee of above Trust	Signature of Settlor/Co-Trustee of above Trust

Payable-On-Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name	Date of Birth	Social Security Number	Suffix
Address		Phone Number	Percentage
Name	Date of Birth	Social Security Number	Suffix
Address		Phone Number	Percentage
Name	Date of Birth	Social Security Number	Suffix
Address		Phone Number	Percentage
Name	Date of Birth	Social Security Number	Suffix
Address		Phone Number	Percentage

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

Foreign Person. If You are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-8BEN - Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals).

Request to Receive Electronic Documentation (Including E-Statements)

☐ ***If this box is checked, You request that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation Disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.***

Member Proxy Statement

You do hereby voluntarily constitute and appoint the members of the Board of Directors of this Credit Union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which You are entitled, for the election of directors, mergers and any matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of Illiana Financial Credit Union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by You. You further authorize the said proxies to designate a person or committee to cast the vote or votes in such manner and for such candidates as the said proxy shall determine, and as permitted by law. You may revoke this proxy by indicating below, naming Yourself or another party, who will retain Your voting rights. You may attend a special meeting and vote in person.

☐ Yes ☐ No Signature X _____ Primary Member (Please Print)_____ Date _____

Signatures

You hereby apply for membership with Illiana Financial Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Illiana Financial Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Share Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Illiana Financial Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

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

Applicants (Primary Member) Signature	Date	Owner 2 Signature	Date
Owner 3 Signature	Date	Owner 4 Signature	Date

Credit Union Use Only

Date of Membership_____ Opened by_____ Employee Signature _____ Verified by _____

☐ Credit Report ☐ SS Card/ITIN ☐ Address Matches ☐ OFAC ☐ Checks Ordered

☐ ID ☐ Chex Systems ☐ Plastic Card Ordered ☐ Online Banking Set-Up ☐ Eligibility _____