

Please Print

Last Name

First Name

Middle Initial



Illiana Financial Membership Application and Agreement

IMPORTANT:
Include a copy of the member and joint's drivers licenses, and joint's social security number on the back of this card.

Office Use Only

Type of Account: Savings Christmas Certificate Insured Money Market

Member Number _____ Date: _____

If checked, member authorizes account to be set up for Audio Response and Home Banking accessibility.

ACCOUNT SELECTION STATUS (check one)

- Individual Only
- Individual with Payable on Death Clause (Complete Section II only on reverse side)
- Joint with Rights of Survivorship (Complete Section I only on reverse side)
- Joint with Payable on Death Clause (Complete Sections I and II on reverse side)
- Corporation-subject to separate resolution dated _____
- Trust-subject to separate trust agreement dated _____
- Club-subject to letter dated _____
- Partnership-subject to letter signed by partners dated _____
- Other _____

E-mail Address _____

Home Address _____

City _____ State _____ Zip _____

Social Security Number or Tax ID Number _____

- Eligible to Join by (check one):
- Live, Work or Worship in Membership Boundaries (Community)
 - Family Member is a Current Member (Family)

Driver's License Number _____ Date of Birth _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____

Occupation/Profession/Business _____

Husband's First Name or Wife's Maiden Name _____

MEMBERSHIP AGREEMENT: I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in Illiana FINANCIAL. I hereby authorize the credit union to receive information about me or my credit accounts, and acknowledge that the credit union will rely on this information as a basis for account approval. The undersigned shall pay to the Credit Union any and all costs of collection associated with this Account to include reasonable Attorneys fees and Court costs.

Applicant/U.S. Person Sign Here X _____

CERTIFICATION: 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: (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).

Applicant/U.S. Person Sign Here X _____

REVOCABLE PROXY AGREEMENT: I hereby agree to the terms of the proxy on the reverse side of this membership application and agreement.

Applicant/U.S. Person Initials Here X _____

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

SHARES ARE NOT TRANSFERABLE EXCEPT AS AUTHORIZED BY THE CREDIT UNION

Section I - Complete for "Joint with Rights of Survivorship"

ILLIANA FINANCIAL is hereby authorized to recognize any of the signatures subscribed hereto 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 said 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. 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 of 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 transaction theretofore made.

(Main Name) X _____	Signature	
(Joint Name) X _____	Printed	Signature
		SS#
(Joint Name) X _____	Printed	Signature
		SS#
(Joint Name) X _____	Printed	Signature
		SS#

Section II - Complete for "Payable on Death Clause Designation"

The undersigned and Illiana Financial hereby agree that the subject account and any balance therein which exists from time to time shall be held as a Payable on Death Account and that, upon the death of the undersigned, the account shall be payable to and owned by the following designated person(s):

<u>NAME</u>	<u>S.S. NUMBER</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____

The undersigned and Illiana Financial Further agree that:

- (a) The undersigned during his or her lifetime may change any of the designated persons to own the account at his or her death, by a written instrument accepted by Illiana Financial, without the knowledge or consent of the designated person(s);
- (b) The undersigned may make additional deposits to and withdraw all or any part of the account at any time, without the knowledge or consent of the designated person(s) to own the account at his or her death, subject to the bylaws and regulations of Illiana Financial and that all withdrawals shall constitute a revocation of the agreement as the amount withdrawn;
- (c) Upon the death of the undersigned, the person(s) designated to be the owner of the account and then living, shall own the account in equal shares as tenants in common;
- (d) Upon the death of the undersigned, if no person designated to be the owner is then living, the proceeds shall vest in the estate of the undersigned; and
- (e) Any payments made by Illiana Financial in accordance with this designation prior to the receipt of an adverse claim or a restraining order shall be a complete discharge of Illiana Financial's obligations and shall constitute a release of Illiana Financial from all claims of any person as to the amount so paid.
- (f) If joint owners decease at the same time or if one joint owner predeceases the other upon the death of the remaining joint owner(s), funds will be dispersed as designated in the Payable on Death Clause.

Date _____ Signature of U.S. Person(s) (Main) _____

(Joint) _____

(Joint) _____

(Joint) _____

RECEIPT CONFIRMATION OF INFORMATION: Illiana Financial acknowledges forwarding the listed information below via email or in person that applies to any approved account. Member acknowledges in person receipt.

- Savings & Loan Rates and Fee Schedule information
- Disclosure brochure describing: account terms & conditions, electronic transfers, funds availability and truth-in-savings.

Illiana staff initials acknowledging mailing _____ Date _____

-or-

Member initials acknowledging receiving in person _____ Date _____

Revocable Proxy

The member does hereby constitute and appoint the members of the Illiana Financial Board of Directors, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the member is 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 of a majority of them see fit, at all annual or special meetings of the members of the said credit union hereafter held and -any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.