

MEMBER INFORMATION

Member/Owner Name: _____
 Street Address: _____
 City/State/Zip: _____
 Home Phone: _____
 Listed Unlisted
 E-mail: _____

SSN/TIN: _____
 Driver's Lic. No: _____
 Date of Birth: _____
 Employer: _____
 Work Phone: _____

Credit Union Account Number: _____

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to the account listed unless the Credit Union is notified in writing of a change.

Share Draft/Checking

Additional Services:

- Order initial box of checks (applicable fees will be charged)
- Order VISA® CheckMate debit card
- Add overdraft protection from Savings

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and the responsibility for the services requested.

- Individual
- Joint Account with Rights of Survivorship
On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.
- Joint Account without Rights of Survivorship
On the death of an owner of the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust or intestacy.

Joint Owner (1) Name: _____
 Street Address: _____
 City/State/Zip: _____
 Home Phone: _____
 Listed Unlisted
 E-mail: _____

SSN/TIN: _____
 Driver's Lic. No: _____
 Date of Birth: _____
 Employer: _____
 Work Phone: _____

Joint Owner (2) Name: _____
 Street Address: _____
 City/State/Zip: _____
 Home Phone: _____
 Listed Unlisted
 E-mail: _____

SSN/TIN: _____
 Driver's Lic. No: _____
 Date of Birth: _____
 Employer: _____
 Work Phone: _____

Please print additional forms if more than two (2) joint owners

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that (check all that apply):

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued).*
- 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*
- I am a U.S. person (including a U.S. resident alien).*

Complete and submit a W-8 BEN if you are not a U.S. person.

ACCOUNT DESIGNATIONS

Payable on Death (POD) Account (*Individual Account Ownership only*)

Share Draft/Checking

Payee (1) Name: _____
 Street Address: _____
 City/State/Zip: _____

Payee (2) Name: _____
 Street Address: _____
 City/State/Zip: _____

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account listed in "ACCOUNT TYPE" section is held by:

Custodian (1) Name: _____
 Street Address: _____
 City/State/Zip: _____

SSN/TIN: _____
 Date of Birth: _____
 Home Phone: _____

Custodian (2) Name: _____
 Street Address: _____
 City/State/Zip: _____

SSN/TIN: _____
 Date of Birth: _____
 Home Phone: _____

as custodian(s) for _____ (Minor), _____ (Minor's SSN/TIN),
 _____ (Minor's age) under the Virginia Uniform Transfers to Minors Act.

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Virginia Uniform Transfers to Minor Act, I hereby designate _____
 successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect
 only upon my death, resignation, incapacity or removal.

Signature of Custodian: _____

Date: _____

Witness: _____

Date: _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. **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 _____
Member/Owner Signature Date

Notary Signature Affidavit Below: Required when submitting application by mail or when a signer is not present at account opening.

Subscribed and sworn to before me this _____ day of _____, 2____
Notary Public _____ Commission Expires _____
State of _____ City/County of _____



X _____
Joint Owner (1) Signature Date

Notary Signature Affidavit Below: Required when submitting application by mail or when a signer is not present at account opening.

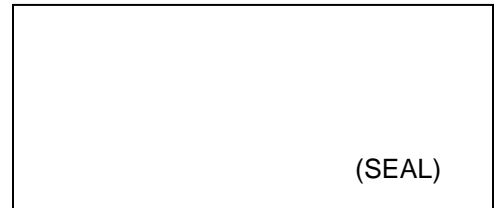
Subscribed and sworn to before me this _____ day of _____, 2____
Notary Public _____ Commission Expires _____
State of _____ City/County of _____



X _____
Joint Owner (2) Signature Date

Notary Signature Affidavit Below: Required when submitting application by mail or when a signer is not present at account opening.

Subscribed and sworn to before me this _____ day of _____, 2____
Notary Public _____ Commission Expires _____
State of _____ City/County of _____



FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/App'd by: _____ Member Verification: _____

- Credit Report Check Verify Debit Card IB/C24 PIN Order Checks