

## MEMBER APPLICATION AND OWNERSHIP 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: \_\_\_\_\_

### Membership Eligibility:

(choose one)  Live  Work  Attend School \_\_\_\_\_ in: (choose one below)  
 City of Charlottesville  Albemarle County  Culpeper County  Fauquier County  
 Fluvanna County  Greene County  Louisa County  Madison County  
 Nelson County  Orange County  Rappahannock County

## ACCOUNT TYPE

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

New Membership/Primary Share Account  Money Market  Share Certificate/Certificate  
 Share Draft/Checking  Christmas Club

### Additional Services:

Order Internet banking/Call24 PIN  
*PIN will be mailed within two business days*

### For Checking accounts only:

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)
  - All Accounts     Designate Specific Accounts \_\_\_\_\_

Payee (1) Name: _____	Payee (2) Name: _____
Street Address: _____	Street Address: _____
City/State/Zip: _____	City/State/Zip: _____

**UTMA CUSTODIAL DESIGNATION AND INFORMATION**

The account(s) listed in "ACCOUNT TYPE" section is/are held by:

Custodian (1) Name: _____	SSN/TIN: _____
Street Address: _____	Date of Birth: _____
City/State/Zip: _____	Home Phone: _____

Custodian (2) Name: _____	SSN/TIN: _____
Street Address: _____	Date of Birth: _____
City/State/Zip: _____	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.**

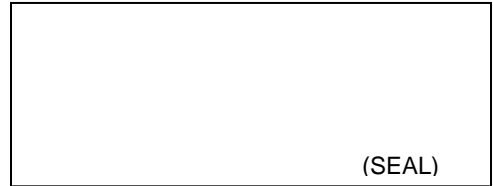
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_  
Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_  
State of \_\_\_\_\_ City/County of \_\_\_\_\_



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.**

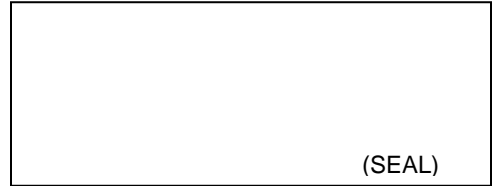
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_  
Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_  
State of \_\_\_\_\_ City/County of \_\_\_\_\_



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