

Credit Union 1

A unique concept in financial services

MEMBERSHIP APPLICATION:	<u> </u> New <u> </u>	<u> </u> Dup <u> </u>	<u> </u> Add Joint <u> </u>	<u> </u> Delete Joint <u> </u>	<u> </u> Name Change <u> </u>
--------------------------------	--	--	--	---	--

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 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 MEMBER INFORMATION

ACCOUNT NUMBER	SOCIAL SECURITY NUMBER OR TAX ID NUMBER	BRANCH	DATE
FIRST NAME	MIDDLE NAME	LAST NAME	
DRIVERS LICENSE # & STATE	OTHER I.D. INFORMATION	EMPLOYER	
DATE OF BIRTH	MOTHER'S MAIDEN NAME	PASSWORD	
HOME ADDRESS (not a P.O. Box)	APT OR SUITE #	CITY	STATE ZIP
MAILING ADDRESS (if different, can be a P.O. Box)	APT OR SUITE #	CITY	STATE ZIP
HOME PHONE NUMBER	WORK PHONE NUMBER	MOBILE PHONE NUMBER	
E-MAIL ADDRESS		E-STATEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	

FIRST JOINT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE # & STATE	EMPLOYER
DATE OF BIRTH	MOTHER'S MAIDEN NAME	HOME PHONE NUMBER WORK PHONE NUMBER
HOME ADDRESS (not a P.O. Box)	APT OR SUITE #	CITY STATE ZIP
MAILING ADDRESS (if different, can be a P.O. Box)	APT OR SUITE #	CITY STATE ZIP
E-MAIL ADDRESS	MOBILE PHONE NUMBER	

SECOND JOINT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE # & STATE	EMPLOYER
DATE OF BIRTH	MOTHER'S MAIDEN NAME	HOME PHONE NUMBER WORK PHONE NUMBER
HOME ADDRESS	APT OR SUITE #	CITY STATE ZIP
MAILING ADDRESS (if different, can be a P.O. Box)	APT OR SUITE #	CITY STATE ZIP
E-MAIL ADDRESS	MOBILE PHONE NUMBER	

* FOR ADDITIONAL AUTHORIZED SIGNERS PLEASE USE ANOTHER APPLICATION

BENEFICIARY DESIGNATIONS

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH

ELIGIBILITY _____

By checking this box, I hereby make application for membership in Credit Union 1 Educational Development Association, Inc. (CU1EDA)

SAVINGS FREE CHECKING INTEREST CHECKING EXPRESS CHECK CARD _____ NUMBER OF CARDS

FOR CU1 USE ONLY

QUALIFILE _____ CREDIT SCORE _____ IDV /A _____ DATE _____ TLR # / INITIALS _____

I hereby make application for membership in Credit Union 1 and agree to conform to its bylaws and amendments thereof and subscribe for at least one share. I (we) agree to the terms and conditions contained in the Membership Booklet, which will be provided in connection with this application. If I request, I will be informed whether or not a consumer report was requested and the name and address of the consumer reporting agency. I also agree to provide personal identification as requested. I understand that Credit Union 1 is not federally insured and if this institution fails, the Federal Government does not guarantee that I will get back my money. The joint owners indicated on this agreement will be the joint owners on all Credit Union 1 sub-accounts under this account number (except IRA's and Certificate sub-accounts).

By checking the box below, I agree to have Credit Union 1 cover future overdrafts on ATM withdrawals and everyday one-time Debit Card transactions once I am provided Courtesy Pay Privilege.

I want overdraft coverage for my ATM withdrawals AND Debit Card purchases once Courtesy Pay is established.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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)
- 2 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
- 3 I am a U.S. citizen (including a U.S. resident alien).

Instructions: Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding.

If not a U.S. Citizen, complete form W8BEN and attach to application.

PRIMARY MEMBER _____ DATE _____
Signature

JOINT MEMBER _____ DATE _____
Signature

JOINT MEMBER _____ DATE _____
Signature

PROXY

The undersigned hereby appoints the members of the Board of Directors of Credit Union 1, Rantoul, Illinois, who are the qualified and acting directors at the time this proxy is used, as attorney and agent for me, and in my name, place and stead, to vote as my proxy on all issues allowed by the Illinois Credit Union Act (205 ILCS 305/19), and to vote the number of shares that I would be entitled to vote if then personally present, giving unto said persons as my attorney and agent full power of substitution.

Unless revoked, this proxy is to continue in force as long as I am a shareholder of said Credit Union; and if revoked, any such revocation shall apply only to the meeting of the shareholders for or at which the revocation shall be exercised, unless I shall specify in writing that such revocation shall be

In Witness Whereof, I have hereunto set my hand and seal this _____ day of _____, 20 _____.

Signature _____

