

Savings Account/Membership Information

The USA Patriot Act requires that a copy of valid identification be attached.

Applicant

Name(s) _____
 Address _____

 Home Telephone _____
 Work Telephone _____
 Employer _____
 Date of Birth _____
 Mother's Maiden Name _____

Co-Applicant

Name(s) _____
 Address _____

 Home Telephone _____
 Work Telephone _____
 Employer _____
 Date of Birth _____
 Mother's Maiden Name _____

The undersigned certifies that, under penalty of perjury, the Taxpayer Identification Number/Social Security Number indicated on this agreement is correct and, you further certify that you are not subject to backup withholding of federal income taxes on the earnings associated with this account.

The undersigned agrees to the terms stated on every page of this form and acknowledges receipt of a completed copy. The undersigned further authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned as individuals. The undersigned also acknowledges the receipt of a copy and agrees to the terms of the following disclosure(s):

- Deposit Account
 Funds Availability
 Privacy
 Electronic Funds Transfer
 Truth in Savings

Taxpayer Identification Number/Social Security Number _____

Signature _____ Date _____

Taxpayer Identification Number/Social Security Number _____

Signature _____ Date _____

For Internal Use

Date Opened _____ By _____ Initial Deposit \$ _____ Type of Funds _____

Account Number _____ Portfolio Number _____

Applicant _____ Co-Applicant _____

Identification Type _____ Identification Type _____

Country or State of Issuance _____ Country or State of Issuance _____

Date of Issuance (if any) _____ Date of Issuance (if any) _____

Expiration Date _____ Expiration Date _____