

Service One Credit Union

P.O. Box 51770

Bowling Green, KY 42102-6770

(270) 796-8500 (800) 759-8500

Membership and Services Application

Member #:

Account Type(s): Share: Member Share Top of the Class Young Savers Holiday Special Savings Sub # _____

Share Draft: Regular Student Business E.A.S.Y. Other _____

Certificate: \$Access \$Access TOC High Yield High Yield TOC Add-On Freedom Freedom TOC _____ Term

Account Ownership: Single Joint UTMA Trust Tenants-In-Common Power of Attorney Other _____

Primary Signer:

Member UTMA Trust
 Principal Other _____

Are You a Non-Resident Alien? Yes No
 Mother's Family Name _____

Social Security Number/Tax I.D.	ID Number	State/Country	Type of ID	Exp Date	Issue Date	Eligibility
<input type="checkbox"/> Own \$ <input type="checkbox"/> Rent	First	Last		Middle		
Address		Apt. #	City		State	Zip
Home Telephone	Business Telephone	Birth Date	Employer			

Signer 2:

Joint Owner Custodian Trustee
 Representative Payee Attorney In Fact Other _____

Are You a Non-Resident Alien? Yes No
 Mother's Family Name _____

Social Security Number	ID Number	State/Country	Type of ID	Exp Date	Issue Date	Eligibility
<input type="checkbox"/> Own \$ <input type="checkbox"/> Rent	First	Last		Middle		
Address		Apt. #	City		State	Zip
Home Telephone	Business Telephone	Birth Date	Employer			

Account Beneficiary Designation

Upon the death of the last surviving owner, the funds in Your Account shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below only with the written consent of all owners to the Account.

Name _____ Relationship _____ SSN _____ Birthdate _____

Name _____ Relationship _____ SSN _____ Birthdate _____

Name _____ Relationship _____ SSN _____ Birthdate _____

One Card, One Call and Home Branch

You are requesting the convenience of 24-hour access to Your Credit Union Account through the services shown below.

One Call Home Branch One Card Sub # _____ Micr # _____

Overdraft Protection (if opening a checking Account)

Your overdrafts will be covered by transferring funds from Your Loan/Sub Account I.D. identified below in the following order.

Priority	Priority	Loan/Sub Account I.D.
1st		
2nd		
3rd		

Signatures

You hereby apply for membership in Service One Credit Union and, under penalty of perjury, warrant the truthfulness of the information contained in Your application for membership. By signing below, You agree to be bound by the terms and conditions found within the Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found herein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Regular Savings Account, You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Service One Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

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

Primary Signer _____ Date _____ Signer 2 _____ Date _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); and (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

If You are a foreign person and are the beneficial owner of an amount subject to withholding, You must complete form W-8BEN and give it to Us whether or not You are claiming a reduced rate of, or exemption from, withholding.

UTMA Account

For UTMA (Uniform Transfer to Minors Act) You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the Uniform Transfer to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 18, under the Act.

Signer 2 is named as custodian for the Primary Signer under the Kentucky Uniform Transfers to Minors Act.

Designation of Successor Custodian. You appoint _____ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: 1) when and in the event of Your resignation, death, incompetence, or legal incapacitation; and 2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

Signature of Custodian

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

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 You 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.