



23 Third Avenue, P.O. Box 130
 Baileyville, Maine 04694
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MASTER MEMBERSHIP APPLICATION

*Permission to Contact: By providing the Credit Union with a wireless phone number (cell phone), you consent to receiving calls, including auto dialed and prerecorded messages from the Credit Union or its third party debt collector at that number.

NEW UPDATE DATE: Member No.:

IMPORTANT INFORMATION ABOUT PROCEDURES 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 when opening a new 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 ask to see your driver's license or other identifying documents.

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean the Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a are applicable only if the is marked, e.g., "n/a" means not applicable.

Ownership

Individual Account Joint Account with Survivorship On the death of an owner or the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.

Account Type

Share/Savings
 Other _____

Primary Member (Applicant) Do you intend for the sum remaining upon your death to belong to the surviving party or parties? Yes No

Name		Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.*
Mailing Address (Street, City, State, Zip)					
Physical Address (Street, City, State, Zip)			Email Address		
Employer		Occupation/Title		Work Telephone No.	
Mother's Maiden Name				Secure Word	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____					
Identification Number		Country/State of Issue		Expiration Date	

Joint Owner Do you intend for the sum remaining upon your death to belong to the surviving party or parties? Yes No

Name		Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.*
Mailing Address (Street, City, State, Zip)					
Physical Address (City, Street, State, Zip)			Email Address		
Employer		Occupation/Title		Work Telephone No.	
Mother's Maiden Name					
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____					
Identification Number		Country/State of Issue		Expiration Date	

Joint Owner Do you intend for the sum remaining upon your death to belong to the surviving party or parties? Yes No

Name		Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.*
Mailing Address (Street, City, State, Zip)					
Physical Address (City, Street, State, Zip)			Email Address		
Employer		Occupation/Title		Work Telephone No.	
Mother's Maiden Name					
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____					
Identification Number		Country/State of Issue		Expiration Date	

Joint Owner Do you intend for the sum remaining upon your death to belong to the surviving party or parties? Yes No

Name		Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.*
Mailing Address (Street, City, State, Zip)					
Physical Address (City, Street, State, Zip)			Email Address		

Employer	Occupation/Title	Work Telephone No.
Mother's Maiden Name		
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		
Identification Number	Country/State of Issue	Expiration Date
Account Services		
<input type="checkbox"/> Debit Card <input type="checkbox"/> Online Banking <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Mobile Deposit <input type="checkbox"/> Bill Pay <input type="checkbox"/> eStatements <input type="checkbox"/> Audio Response <input type="checkbox"/> Other _____		
Account Designation		
<input type="checkbox"/> Payable on Death (P.O.D) Account <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts		
Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided as indicated below. The beneficiaries listed below are beneficiaries to all the accounts with the exception of IRAs and Certificates of Deposit.		
Beneficiary #1 <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Name: _____ Address: _____ Date of Birth: _____ Relationship: _____ SSN: _____ Percent: _____	Beneficiary #2 <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Name: _____ Address: _____ Date of Birth: _____ Relationship: _____ SSN: _____ Percent: _____	
Beneficiary #3 <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Name: _____ Address: _____ Date of Birth: _____ Relationship: _____ SSN: _____ Percent: _____	Beneficiary #4 <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Name: _____ Address: _____ Date of Birth: _____ Relationship: _____ SSN: _____ Percent: _____	
<input type="checkbox"/> UTMA Custodial Designation and Information		
Custodian 1 Name: _____ Address: _____ Date of Birth: _____ SSN/TIN: _____	Custodian 2 Name: _____ Address: _____ Date of Birth: _____ SSN/TIN: _____	
As custodian for _____ (name of minor), age _____, SSN _____ under the Uniform Transfers to Minors Act.		
<input type="checkbox"/> UTMA Designation of Successor Custodian		
Pursuant to the Uniform Transfers to Minors Act, I hereby designate: _____ successor custodian(s) for all accounts listed in this section. This designation shall take effect only upon my death, resignation, incapacity or removal.		
Custodian Signature _____ Date _____ X		
<input type="checkbox"/> Agency		
Print Name of Agent: _____ Signature of Agent: _____		
Important IRS Information - TIN Certification		
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); and 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 (c) the IRS has notified me that I am no longer subject to backup withholding; and 3.) I am a U.S. citizen or other U.S. person (defined below); and 4.) The FATCA code(s) entered below (if any) indicating that I am exempt from FATCA reporting is correct.		
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.		
Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____		
Certificate of Authority		
ACCOUNT OWNER – The Account Owner name shown above is the complete and correct name of the Account Owner. If applicable, all registered assumed names under which the Account Owner does business are shown above. Each corporate officer, partner, member, or trustee (as applicable) warrants that the Account Owner has been duly formed and currently exists.		
JOINT OWNERS – The persons signing below (Signers) presently occupy the positions listed and are authorized to transact business on behalf of the Account Owner. The Account Owner agrees to notify the Credit Union in writing of any change in the Signers' authority. The Credit Union may request any other evidence of a Signer's authority at any time.		
AUTHORITY		
1. Each Joint Owner listed above (Signer) certifies and agrees that the Account Owner's accounts and services will be governed by the terms set forth in the Master Membership Account Agreement and Rate Addendum and Schedule of Fees and Charges, as amended from time to time. 2. The Credit Union is directed to accept and pay without further inquiry any item, bearing the signature as indicated above, drawn against any of the Account Owner's accounts listed above. Unless otherwise indicated, any one Joint Owner is expressly authorized to endorse all items payable to or owned by the Account Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement. 3. Any persons authorized to receive account information, if applicable, are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account. The authority given to the Joint Owner shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at the location where the account was opened and maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee, or agent of the Account Owner will notify the Credit Union of any change in the Account Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Account Owner and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing. 4. The persons authorized to receive account information, if applicable, are authorized to receive from the credit union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account.		
LIABILITY – The Account Owner agrees that the Credit Union shall not be liable for any losses due to the Account Owner's failure to notify the Credit Union of such changes. Account Owner and each Signer agree to indemnify and hold Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which Credit Union relies prior to notice of any account change.		

Signatures

You hereby apply for membership with the Credit Union. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. By signing below, you agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. In addition to establishing a regular share Account, you may also from time to time request additional Accounts and/or Account Services 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 the 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 herein in the payment of funds or the transaction of any business for your Account(s). 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 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 and other identifying information. *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 Owner Signature X	Date	Joint Owner Signature X	Date
Joint Owner Signature X	Date	Joint Owner Signature X	Date

Credit Union Use Only

Date of Membership _____ Opened/Approved By: _____ Membership Eligibility _____

Member Verification: Driver's License/ State ID Social Security Card Military ID Passport Other _____

Verification List Checked: OFAC Other _____

Reports Checked: Credit Report Already a Member/Account # _____