



MEMBERSHIP APPLICATION FORM

NOTE: Federal Law requires us to collect and verify your name, address, Social Security Number and birth date

MEMBER INFORMATION

Account # _____ Approval Code _____

Last Name _____ First Name _____ M.I. _____

Street Address *required* _____ City _____ State _____ Zip _____

Mailing Address *if different* _____ City _____ State _____ Zip _____

Home Phone _____ Email Address _____ Cell Phone _____

Date of Birth _____ Soc. Sec #/TIN _____ Mother's Maiden Name _____

Employer _____ Occupation _____ Work Phone _____

How do you qualify for membership? _____

Please send a copy of two (2) forms of qualifying identification: Driver's License, S.S. card, Military ID, Passport, Work ID, State ID, or School ID

I request the following accounts/services:

- Reg. Share/Savings Phone Banking Kids Club Advantage Checking Freedom Checking Reward Checking *
 - Christmas Club Vacation Club U Name It Club Liquid Gold Overdraft Loan ** _____
 - Internet Banking * Youth Education Savings Bill Payer* VISA Debit Card/PIN * ATM Card/PIN** _____
- * Disclosure Required ** Application Required

BACKUP WITHHOLDING CERTIFICATION

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

SHARE DRAFT AGREEMENT

I/we authorize MidWest America Federal Credit Union to establish this Share Draft Account for me/us. The Credit Union is authorized to pay share drafts signed by me (or by any of us) and to charge all such payments against the shares in this Account. It is further agreed that:

- (a) Only share draft blanks (and other methods) approved by the Credit Union may be used to make withdrawals from this Account.
- (b) The Credit Union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this Account. The Credit Union may, however, pay such share draft and transfer shares to this Account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is then eligible to withdraw shares.
- (c) The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the share draft.
- (d) When paid, share drafts become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise.
- (e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft.
- (f) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed or received electronically.

FREE eSTATEMENTS

Choose one:

- eStatement Agreement** – I elect to obtain my MidWest America Federal Credit Union account information online only (eStatements). I understand that MidWest America Federal Credit Union will mail me a paper account statement at any time, upon request (a fee may apply). MidWest America Federal Credit Union will not disclose or sell any personal information to third parties, excluding credit union affiliates, concerning my account.
- I do NOT wish to receive eStatements. I will receive paper statements in the mail.

MEMBERSHIP AGREEMENT

By signing below, I/we hereby make application for membership in and agree to conform to the Bylaws and any Amendments thereof in the MidWest America Federal Credit Union. I/we authorize the Credit Union to obtain information about me for the purposes of granting credit. I/we also agree to the terms and conditions of any account that I/we have in the Credit Union now or in the future and agree that the Credit Union may change those terms and conditions from time to time. I/we acknowledge receipt of a copy of the Truth in Savings Disclosure, Rate Schedule and Funds Availability Policy and disclosures applicable to the accounts and services requested herein. If a Debit Card, ATM card, Internet Banking, Audio Response, Bill Payer or Electronic Fund Transfer service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. If my account is placed for collections, in addition to any unpaid balance, I/we will be responsible for all attorney fees and costs of collections plus 35% of the unpaid balance. I certify that the information provided above is my true and correct identity information.

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

Member Signature x _____ Date _____

Add Joint Member #1

Approval Code _____

Last Name _____ First Name _____ M.I. _____

Street Address *required* _____ City _____ State _____ Zip _____Mailing Address *if different* _____ City _____ State _____ Zip _____

Home Phone _____ Email Address _____ Cell Phone _____

Date of Birth _____ Soc. Sec #/TIN _____ Mother's Maiden Name _____

Employer _____ Occupation _____ Work Phone _____

How do you qualify for membership?

Please send a copy of two (2) forms of qualifying identification: Driver's License, S.S. card, Military ID, Passport, Work ID, State ID, or School ID

Joint member has access to the following

- | | | | | | |
|---|--|---|--|--|--|
| <input type="checkbox"/> Reg. Share/Savings | <input type="checkbox"/> Phone Banking | <input type="checkbox"/> Kids Club | <input type="checkbox"/> Advantage Checking | <input type="checkbox"/> Freedom Checking | <input type="checkbox"/> Reward Checking * |
| <input type="checkbox"/> Christmas Club | <input type="checkbox"/> Vacation Club | <input type="checkbox"/> U Name It Club | <input type="checkbox"/> Liquid Gold | <input type="checkbox"/> Overdraft Loan ** | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Internet Banking * | <input type="checkbox"/> Youth Education Savings | <input type="checkbox"/> Bill Payer* | <input type="checkbox"/> VISA Debit Card/PIN * | <input type="checkbox"/> ATM Card/PIN** | <input type="checkbox"/> _____ |
- * Disclosure Required ** Application Required

Add Joint Member #2

Approval Code _____

Last Name _____ First Name _____ M.I. _____

Street Address *required* _____ City _____ State _____ Zip _____Mailing Address *if different* _____ City _____ State _____ Zip _____

Home Phone _____ Email Address _____ Cell Phone _____

Date of Birth _____ Soc. Sec #/TIN _____ Mother's Maiden Name _____

Employer _____ Occupation _____ Work Phone _____

How do you qualify for membership?

Please send a copy of two (2) forms of qualifying identification: Driver's License, S.S. card, Military ID, Passport, Work ID, State ID, or School ID

Joint member has access to the following

- | | | | | | |
|---|--|---|--|--|--|
| <input type="checkbox"/> Reg. Share/Savings | <input type="checkbox"/> Phone Banking | <input type="checkbox"/> Kids Club | <input type="checkbox"/> Advantage Checking | <input type="checkbox"/> Freedom Checking | <input type="checkbox"/> Reward Checking * |
| <input type="checkbox"/> Christmas Club | <input type="checkbox"/> Vacation Club | <input type="checkbox"/> U Name It Club | <input type="checkbox"/> Liquid Gold | <input type="checkbox"/> Overdraft Loan ** | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Internet Banking * | <input type="checkbox"/> Youth Education Savings | <input type="checkbox"/> Bill Payer* | <input type="checkbox"/> VISA Debit Card/PIN * | <input type="checkbox"/> ATM Card/PIN** | <input type="checkbox"/> _____ |
- * Disclosure Required ** Application Required

JOINT ACCOUNT AGREEMENT (NOT TRANSFERABLE)

MidWest America Federal Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union. The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union, which shall not affect transactions theretofore made. I certify that the information provided above is my true and correct identity information.

Joint Member #1 Signature x _____ Date: _____

Joint Member #2 Signature x _____ Date: _____

DESIGNATION OF BENEFICIARY FOR SHARES

(Name of Account Holder) _____ hereby designates (Name of Beneficiary) _____

presently residing at (address/city/state/zip code) _____

Social Security # _____ Date of Birth _____

as the Beneficiary of this Account and as such he/she is entitled to all shares in said account at my death.

Signed x _____ Date: _____

Witness x _____ Date: _____