

MEMBER APPLICATION & AGREEMENT

MEMBER INFORMATION

Name: _____
Date of Birth: _____ SSN/TIN: _____ Driver's Lic. #: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Home/Cell Phone: _____ Work Phone: _____
Mother's Maiden Name: _____ Source of Income: _____ Occupation: _____

JOINT OWNER INFORMATION

Name: _____
Date of Birth: _____ SSN/TIN: _____ Driver's Lic. #: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Home/Cell Phone: _____ Work Phone: _____
Mother's Maiden Name: _____ Source of Income: _____ Occupation: _____

OWNERSHIP OF ACCOUNT

SELECT ONE OWNERSHIP TYPE AND, IF APPLICABLE, INCLUDE A BENEFICIARY DESIGNATION. THE OWNERSHIP TYPE AND BENEFICIARY DESIGNATION SPECIFIED ON THIS DOCUMENT WILL REMAIN THE SAME FOR ALL ACCOUNTS LISTED BELOW.

1. INDIVIDUAL
2. JOINT WITH SURVIVORSHIP (and not as tenants in common)
3. MEMBER AS CUSTODIAN FOR MINOR UNDER THE VERMONT UNIFORM GIFTS TO MINORS ACT (UGMA)
4. TRUST - SEPARATE AGREEMENT DATED _____
5. SOLE PROPRIETOR
6. LLC
7. PARTNERSHIP
8. CORPORATION
9. NON-PROFIT
10. OTHER _____

BENEFICIARIES: REVOCABLE TRUST OR PAY-ON-DEATH DESIGNATION AS DEFINED IN THE ACCOUNT TERMS AND CONDITIONS: (Place name and address of beneficiaries below.)

ACCOUNT TYPE

Number of signatures required for withdrawal _____ This is a temporary account agreement.

SIGNATURES & CERTIFICATIONS

BACKUP WITHHOLDING CERTIFICATION - Check box (A) only if true or (B) below:

(A) By signing below, I (name) _____
certify under penalties of perjury that (1) the Taxpayer Identification Number (TIN) shown above is my correct TIN and I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends or (b) the IRS has notified me that I am no longer subject to backup withholding and (2) I am a U.S. citizen or other U.S. person (defined in the instructions).

(B) A separate Certification has been completed.

By signing below, the undersigned agree to the Credit Union by-laws and the terms and conditions of any approved account, as amended from time to time, and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify that the information provided on this application is true and correct and that the terms apply to all listed accounts. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to each listed account and the following policy disclosures:

Funds Availability Truth-In-Savings Electronic Fund Transfers Privacy Terms & Conditions

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

(1) X _____
Member Signature (Date) Member/Account #

(2) X _____
Signature (Date) Relationship to Member

(3) X _____
Signature (Date) Relationship to Member

AGENTS - THE INDIVIDUAL SIGNING ABOVE ON LINE _____ IS SIGNING AS:

- Power of Attorney - agreement on file A Successor Custodian of a UGMA account Parent/Guardian
 Authorized Signer Joint Fiduciary

CREDIT UNION USE ONLY

APPLICATION APPROVED (date) _____ BY _____ ELIGIBILITY ONE WIN OPPTS INC