



# MEMBERSHIP APPLICATION

Member Account Number: \_\_\_\_\_

**Membership Eligibility:**

- MLGW Employee
- MLGW Retiree
- Sponsoring Family Member (name) \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

Employee ID# \_\_\_\_\_ Area # \_\_\_\_\_ Date of Hire \_\_\_\_\_

Driver's Lic # \_\_\_\_\_ State Issued \_\_\_\_\_ Exp Date \_\_\_\_\_ Issue Date \_\_\_\_\_

**Credit Union Use Only**

2nd ID (Describe) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

## ACCOUNT INFORMATION

**I would like my full MLGW paycheck directly deposited into my \_\_\_\_\_savings \_\_\_\_\_checking account.**

**I would like to have \$ \_\_\_\_\_ per pay period deposited into my checking account.**

**I would like to have \$ \_\_\_\_\_ per pay period deposited into my savings account.**

**Please indicate which products you would like to open and the owners/custodians for each product, if applicable.**

	Primary Owner	Joint Owner/ Custodian (I)	Joint Owner/ Custodian (II)	Custodial Account	Trust Account
Savings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christmas Club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money Market ( <i>High Yield Savings</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Max Money Savings ( <i>For Children</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Savings ( <i>Misc Savings</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please indicate which account owners should receive ATM or debit cards:**

	Primary Owner	Joint Owner/ Custodian (I)	Joint Owner/ Custodian (II)
ATM Card ( <i>For savings only</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debit Card ( <i>For checking and savings</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# JOINT OWNER OR CUSTODIAN INFORMATION (I)

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

Employee ID# \_\_\_\_\_ Area # \_\_\_\_\_ Date of Hire \_\_\_\_\_

Driver's Lic # \_\_\_\_\_ State Issued \_\_\_\_\_ Exp Date \_\_\_\_\_ Issue Date \_\_\_\_\_

## Credit Union Use Only

2nd ID (Describe) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

## BENEFICIARY INFORMATION

1) Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

## CHECK ORDER INFORMATION

Name 1 \_\_\_\_\_ Name 2 \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Check Style \_\_\_\_\_ Start # \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT NEW ACCOUNT PROCEDURES

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 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, MLGW employee/retiree badge (if applicable), and other identifying documents.

## CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER & BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, by signing below I certify that: 1) the social security or tax identification number listed in the owner information section is the correct number for tax reporting purposes; 2) I am not subject to backup withholding under the provisions of the IRS code; 3) I am a U.S. citizen or U.S. resident alien; and 4) all information provided is correct.

If you have been notified by the IRS that you are subject to backup withholding due to a notified payee underreporting and you have not been notified that the backup withholding is terminated, you should strike out the language in Clause 2 above.

The IRS does not require your consent to any provisions of this document other than certification required to avoid backup withholding.

## MEMBER AGREEMENT & DISCLOSURES

I want to become a member of LG&W Federal Credit Union. I authorize the Credit Union to open the account(s). By signing below, I agree to the terms and conditions outlined in the Important Account Information for Our Members booklet, Electronic Transfers Agreement, Funds Availability Policy, Truth in Savings Disclosure, and any amendments the Credit Union makes from time to time. I acknowledge receipt of the Important Information for Our Members booklet, Your Right to Privacy brochure, rates, fee schedule, and other agreements and disclosures applicable to the account and services requested. Joint Owners: Agreement is hereby made between the primary owner, all joint owners, and LG&W Federal Credit Union that all monies deposited to any shares by the primary and any joint owner shall be owned by said owners in all shares with the exception of share certificates, money market account, and share draft account, which are made joint with right of survivorship by a separate designation. IRA accounts cannot have joint owners and require beneficiary designation.

I authorize the Credit Union to obtain a credit report for all account owners.

**Primary Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Joint Owner or Custodian (I) Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## For Credit Union Use Only

Opened By \_\_\_\_\_ Date \_\_\_\_\_ Approved By \_\_\_\_\_ Date \_\_\_\_\_



# MEMBERSHIP APPLICATION

Member Account Number: \_\_\_\_\_

Primary Member Name \_\_\_\_\_

## SECOND JOINT OWNER (II) OR CUSTODIAN INFORMATION

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

Employee ID# \_\_\_\_\_ Area # \_\_\_\_\_ Date of Hire \_\_\_\_\_

Driver's Lic # \_\_\_\_\_ State Issued \_\_\_\_\_ Exp Date \_\_\_\_\_ Issue Date \_\_\_\_\_

### Credit Union Use Only

2nd ID (Describe) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

### IMPORTANT INFORMATION ABOUT NEW ACCOUNT PROCEDURES

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 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, MLGW employee/retiree badge (if applicable), and other identifying documents.

### CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER & BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, by signing below I certify that: 1) the social security or tax identification number listed in the owner information section is the correct number for tax reporting purposes; 2) I am not subject to backup withholding under the provisions of the IRS code; 3) I am a U.S. citizen or U.S. resident alien; and 4) all information provided is correct.

If you have been notified by the IRS that you are subject to backup withholding due to a notified payee underreporting and you have not been notified that the backup withholding is terminated, you should strike out the language in Clause 2 above.

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### MEMBER AGREEMENT & DISCLOSURES

I want to become a member of LG&W Federal Credit Union. I authorize the Credit Union to open the account(s). By signing below, I agree to the terms and conditions outlined in the Important Account Information for Our Members booklet, Electronic Transfers Agreement, Funds Availability Policy, Truth in Savings Disclosure, and any amendments the Credit Union makes from time to time. I acknowledge receipt of the Important Information for Our Members booklet, Your Right to Privacy brochure, rates, fee schedule, and other agreements and disclosures applicable to the account and services requested. Joint Owners: Agreement is hereby made between the primary owner, all joint owners, and LG&W Federal Credit Union that all monies deposited to any shares by the primary and any joint owner shall be owned by said owners in all shares with the exception of share certificates, money market account, and share draft account, which are made joint with right of survivorship by a separate designation. IRA accounts cannot have joint owners and require beneficiary designation.

I authorize the Credit Union to obtain a credit report for all account owners.

Primary Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner or Custodian (II) Signature \_\_\_\_\_ Date \_\_\_\_\_