

PLEASE FILL IN ALL ITEMS THAT APPLY - CALL US WITH (203) 227-8511

QUESTIONS at <sup>7</sup> PAGE 2

ACCOUNT CARD

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual, Joint Account with Rights of Survivorship, Joint Account without Rights of Survivorship

Joint Owner: Street: SSN/TIN: City/State/Zip: Driver's Lic. No: Home Phone: Date of Birth: Password: Work Phone: E-mail:

Joint Owner: Street: SSN/TIN: City/State/Zip: Driver's Lic. No: Home Phone: Date of Birth: Password: Work Phone: E-mail:

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account, UTMA/UGMA, Agency, Agent only for HSA, Other

TRI-TOWN TEACHERS F.C.U.

- FOR CREDIT UNION USE ONLY: See Account Change Card, See Insurance Beneficiary Card, Date of Membership, Opened /App'd by, Member Verification, Credit Report, Check Verify, PIN Request, Access Card, Audio Response, PC Access/Internet Banking

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

- Share/Savings, Share Draft/Checking, Share Certificate/Certificate, Money Market, HSA, Other

\*The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No:

Member/Owner: Street: SSN/TIN: City/State/Zip: Driver's Lic. No: Home Phone: Date of Birth: Password: Work Phone: Employer: Membership Eligibility: E-mail:

CELL PHONE

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

- Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number... (2) I am not subject to backup withholding because... (3) I am a U.S. person...

Certification Instructions. 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.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.

Signature, Date, Signature, Date

IQANLINER

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D1100(2) TO ORDER 1-800-356-5012

NEW MEMBER - TRI-TOWN TEACHERS F.C.U. - Page 2 CARD

- TRI-TOWN TEACHERS F.C.U. - PAGE 1 NEW MEMBER CARD