



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Account Number:		Date Opened:	
<input checked="" type="checkbox"/> New Account <input type="checkbox"/> Name Add <input type="checkbox"/> Name Change <input type="checkbox"/> Name Delete		Change Date:	
Account Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Individual with POD <input type="checkbox"/> Joint w/ Survivorship <input type="checkbox"/> Joint w/ Survivorship and POD <input type="checkbox"/> UTTMA <input type="checkbox"/>			
Member Name:		<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> UTTMA Minor <input type="checkbox"/>	
Street:		Identification:	
City/State/Zip:		State:	Issue Date: Exp. Date:
SSN/TIN:	Date of Birth:	Home Phone: ()	Work Number: ()
Email:		Mother's Maiden Name:	
Eligibility for Membership:		Employer:	
Mailing Address:		Dept:	
Name 2:		<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian <input type="checkbox"/>	
Street:		Identification:	
City/State/Zip:		State:	Issue Date: Exp. Date:
SSN/TIN:		Date of Birth:	
Name 3:		<input type="checkbox"/> Joint Owner <input type="checkbox"/>	
Street:		Identification:	
City/State/Zip:		State:	Issue Date: Exp. Date:
SSN/TIN:		Date of Birth:	
POD Payee 1:		Relationship to Member:	
POD Payee 2:		Relationship to Member:	
POD Payee 3:		Relationship to Member:	
UTTMA Successor Custodian:		Relationship to Member:	

ACCOUNT TYPE/SUFFIX	ADDITIONAL ACCOUNT SERVICES	DISTRIBUTION AMOUNT/FREQUENCY
<input type="checkbox"/> Main Share Savings Suffix 0	<input type="checkbox"/> Telephone Teller	<input type="checkbox"/> ACH/Direct Deposit <input type="checkbox"/> Savings <input type="checkbox"/> Checking
<input type="checkbox"/> Share/Savings Suffix(es): _____	<input type="checkbox"/> Debit Card or <input type="checkbox"/> ATM Card	Distribute to:
<input type="checkbox"/> Share Draft/Checking Suffix(es): _____	<input type="checkbox"/> PC Banking	Suffix: _____ Amt: _____ Freq: _____
<input type="checkbox"/> Money Market Suffix(es): _____	<input type="checkbox"/> Overdraft Protection/Savings	Suffix: _____ Amt: _____ Freq: _____
<input type="checkbox"/> Other Suffix(es): _____	<input type="checkbox"/> Other	Suffix: _____ Amt: _____ Freq: _____
<input type="checkbox"/> Other Suffix(es): _____	<input type="checkbox"/> Other	Suffix: _____ Amt: _____ Freq: _____

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: (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. person (including a U.S. resident alien).

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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

ELECTION OF LENDING SERVICE

LOANLINER Account: Individual or Joint Credit: By checking the box for the LOANLINER Account, you are establishing an Open End Credit Plan with the credit union. You can open a Credit Plan even if you are not requesting credit today. Once the Credit Plan is opened, this allows you to make a loan request now or in the future (including ATM/Debit Card Access to the account if Available). Please read the LOANLINER Credit and Security Agreement and Addendum accompanying this form.

Credit Card Account: Individual or Joint Credit: By checking the box for the Credit Card Account, you are requesting a Credit Card at this time. (There are costs associated with the use of the credit card. To obtain information about these costs, contact us at the toll-free number or address provided above).

I wish to enroll for Credit Life and/or Credit Disability Insurance: YES: Complete the Credit Insurance Enrollment form; NO, not at this time.

AUTHORIZATION

1. By signing you acknowledge receipt of a copy of the Membership Account Agreement, Funds Availability Disclosure, Electronic Fund Disclosure, Truth and Savings Rate and Fee Schedule and Credit and Security Agreement (including the Addendum and a Credit Insurance Certificate if applicable). By signing you agree to the terms and conditions of each of the agreements/disclosures applicable to the accounts and services elected above, which are incorporated herein by reference that when opened by mail will be sent after the account is opened, and any amendments the Credit Union makes from time to time which are incorporated herein.

2. You authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with your request for credit and for any update, renewal or extension of the credit received. You understand the Credit Union will rely on the information in your credit reports. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

3. If you are applying for a credit card, you understand that the use of your credit card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

4. By signing a LOANLINER® Plan, you grant us a security interest in all individual and joint accounts you have with us now and in the future to secure what you owe under the Credit and Security Agreement and if you have applied for a Credit Card, under the Credit Card Agreement. When you are in default you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

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

X	X	X
SIGNATURE/MEMBER	SIGNATURE/NAME #2	SIGNATURE/NAME #3
DATE	DATE	DATE

CREDIT UNION USE MECU EMPLOYEE:	BRANCH:	DATE:
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“You” or “your” means a person who is borrowing from the credit union including a co-borrower who is a spouse of the borrower. A co-signer or guarantor is not eligible for coverage.

Do you meet the age for insurance eligibility shown below?

Borrower #1 Yes No Borrower #2 Yes No

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you are eligible for the coverage and check “yes” below to select coverage and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive 31 days advance written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing.

NOTE: THE INSURANCE YOU’RE APPLYING FOR CONTAINS CERTAIN TERMS AND EXCLUSIONS: Refer to your certificate for coverage details.

YOUR CREDIT INSURANCE COVERAGE WILL TERMINATE IF THE CREDIT UNION’S GROUP POLICY TERMINATES.

The following Schedule is only valid with the applicable certificate.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	MONTHLY COST PER \$100 OF YOUR INSURED BALANCE
Credit Disability For Borrower #1 <input type="checkbox"/> YES <input type="checkbox"/> NO or Borrower #2 <input type="checkbox"/> YES <input type="checkbox"/> NO <i>only one borrower can check yes</i>	Single Credit Disability SEE
Credit Life For Borrower #1 <input type="checkbox"/> YES <input type="checkbox"/> NO Borrower #2 <input type="checkbox"/> YES <input type="checkbox"/> NO	Single Credit Life ADDENDUM Joint Credit Life FOR RATES Joint Credit Disability – Not Available

WAITING PERIOD: If you are totally disabled for more than **30** days, then the disability benefit will begin with the **1st** day of disability. Effective Date of this Certificate

Group Policy Number	Secondary Beneficiary (If you desire to name one)	MAXIMUMS	DISABILITY	LIFE
019-0008-6		Maximum Monthly Disability Benefit	\$ 1,100	N/A
		Maximum Insurable Balance per Loan Account	\$75,000	\$75,000
Borrower #1 Date of Birth	Borrower #2 Date of Birth	Age for Insurance Eligibility	Less than 70	Less than 75
		Maximum Number of Monthly Disability Benefit Payments per Disability	120 Mos.	N/A
		Age for Insurance Termination	70	75

I authorize the credit union to add the charges for insurance to my loan each month. • I understand that I will be insured only for advances actually received by me, not for any unused credit which may be available. • **I understand that the insurance coverage is subject to the maximums, including the age for insurance termination shown above. Coverage may not be sufficient to cover your entire debt and the monthly disability benefit, if any, may not be sufficient to cover your monthly loan payment. • I want the coverage(s) selected, even if the insurance will terminate due to one or more of these maximums before my loan is paid off. • I have received the certificate of insurance for the coverage(s) selected. • The statements contained in this enrollment form are true and correct to the best of my knowledge and belief.**

X
SIGNATURE OF BORROWER #1 _____ DATE _____
CI-MP-EF-0201(MD)

X
SIGNATURE OF BORROWER #2 _____ DATE _____ MD