



144 East Pike Street, Pontiac, MI 48342
248.334.0568 • FAX 248.334.2740

Membership Application

New Member **Branch - Choose from list** **Member #** _____

Account Type(s): Savings Special Savings Holiday Club Checking

Account Services: Home Banking CU Talk E-Statements Direct Deposit Debit Card ATM Card

Account Ownership: Single Joint Conservator Representative MUTMA Other _____

Change/Update: Name Change Change Beneficiary
 Remove Joint Owner (See assignment of Interest On Back of Form) Add Joint Owner

Primary Member: Are you a Non-Resident Alien? Yes No Eligibility/FOM _____

Social Security Number/Tax I.D.	Drivers License	State/Country	Type of ID	Exp Date	Mother's Maiden Name
Name (First, Last, MI)			Email Address		
Street Address	Apt. Number	City	State	Zip	
Mailing Address	Apt. Number	City	State	Zip	
Primary Telephone	Secondary Telephone	Birth date	Employer's Name and Address		

Signer 2: Joint Owner Custodian Power of Attorney Conservator Representative Payee Other _____

Social Security Number/Tax I.D.	Drivers License	State/Country	Type of ID	Exp Date	Mother's Maiden Name
Name (First, Last, MI)			Email Address		
Street Address	Apt. Number	City	State	Zip	
Mailing Address	Apt. Number	City	State	Zip	
Primary Telephone	Secondary Telephone	Birth date	Employer's Name and Address		

Signer 3: Joint Owner Custodian Power of Attorney Other _____

Social Security Number/Tax I.D.	Drivers License	State/Country	Type of ID	Exp Date	Mother's Maiden Name
Name (First, Last, MI)			Email Address		
Street Address	Apt. Number	City	State	Zip	
Mailing Address	Apt. Number	City	State	Zip	
Primary Telephone	Secondary Telephone	Birth date	Employer's Name and Address		

Account Beneficiary Designation:

Upon the death of the last surviving owner, the funds in Your Account shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below only with the written consent of all owners to the Account.

Name _____ Date of Birth _____ SSN _____

Address _____ Phone _____ %

Name _____ Date of Birth _____ SSN _____

Address _____ Phone _____ %

Taxpayer Identification and Backup Withholding:

Under penalties of perjury, You certify (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act) and (2) that You are not subject to backup with holding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding, and (3) Your are a U.S. person (including a U.S. resident alien).

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without taxpayer identification number.

Overdraft Protection (if opening a checking Account)

Your overdrafts will be covered by transferring funds from your Loan/Sub Account I.D. identified below.

Source	Loan/Sub Account I.D.

UTMA Account

For MUTMA (Michigan Uniform Transfer to Minor Act) You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the Michigan Uniform Transfer to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of _____ (age 21 unless otherwise specified by Custodian) under the Act.

Designation of Successor Custodian. You appoint _____ (Name of Successor Custodian) at Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect 1) when and in the event of Your resignation, death, incompetence, or legal incapacitation, and 2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such even, You direct Us to make such delivery.

Signature of Custodian

Date

IMPORTANT INFORMATION ABOUT PROCEDURE(S) FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institution 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 You for Your name, address, date of birth, and other information that will allow Us to identify You. We will also ask to see Your driver's license or other identifying documents.

ASSIGNMENT OF INTEREST IN SHARE AND/OR DEPOSIT ACCOUNT (REMOVAL OF JOINT OWNER) MICHIGAN LEGACY CREDIT UNION

For a valuable consideration, receipt of which is acknowledged, the undersigned does (do) hereby assign, his (her) (their) interest in all sums now standing or which may hereafter be placed to the credit of the above account, either as shares, deposits, dividends, Life Savings Insurance proceeds or any other kind, to the remaining account owner(s). In the event there shall remain more than one account owner in this account, this assignment shall no affect the joint nature of the account as between the surviving owners.

Print Name

Signature

Date

Witness Print Name

Witness Signature

Date

Witness Drivers License #

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. I/We acknowledge electronic or paper receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card of EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. *The Internal Revenue Services does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.*

Signature

Date

Signature

Date

Signature

Date

Signature

Date

CU Official Business

Membership Officer Signature

Date