



Application for Membership, Share/Deposit and Checking Account Agreement with Beneficiary Option

I/We submit this form to 4Front Credit Union for two purposes. First, the individual listed as Primary Owner 1 (unless already a member) applies for membership in the Credit Union. Second, I/We request the Credit Union to open a share/share deposit account and the multiple name provision of the agreement shall be applicable. By signing this application, I/we authorize 4Front Credit Union to open subsequent accounts and services per our request, whether verbal or in-person. For more information, call 800.765.0110 or visit www.4frontcu.com.

Services Desired

CHECKING OPTIONS

Checking
Money Market Checking

CASH RESERVE LINE OF CREDIT

Yes No

ATM/DEBIT CARD

Yes No

E-STATEMENT OPTION

In lieu of a paper statement, I would like notifications sent via email when electronic statements are available online.

Multiple Name Account Agreement

The joint owners of this account hereby agree with each other and with the Credit Union that all sums now paid into this account, by any or all of said joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and shall be subject to withdrawal or receipt by any of them, except to the extent an initialed restriction below applies. Payment in accordance with such a proper demand shall be valid and discharge the Credit Union from any liability for such payment. The Credit Union is hereby authorized to recognize the signature(s) subscribed, in accordance with the restrictions initialed below, in payment of funds or the transaction of any business for this account. However no individual may be removed as an owner of this account, except upon death, without that individual's consent. The right or authority of the Credit Union under this agreement shall not be changed by any owners, except by written notice to the Credit Union. Such notices shall not affect any transaction made prior to receipt of the notice by the Credit Union.

USA Patriot Act and Credit Bureau Disclosure

Federal law requires that we obtain, verify, and record information that identifies each person who opens an account, including joint owners. Within this application, 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 or other identifying documents. Approval of your application may be delayed pending further verification of your identity. Please note that you will also be authorizing the Credit Union to obtain a consumer credit report to evaluate your creditworthiness.

ATM/Debit Card Agreement

By signing below I/we agree to be bound by all conditions governing the use of the card(s) as outlined in the EFT disclosure and fee schedule delivered with my/our card(s). I/We authorize the Credit Union to obtain credit information on me/us from an outside source.

Overdraft Privilege Options

Transfer

I/We hereby authorize the Credit Union to reimburse itself for any draft drawn on this account which the Credit Union pays, to the extent by which such draft exceeds the share balance in this account, by transferring sufficient funds from my prime share account. Such transfers shall not decrease the prime shares below the par value of one share. I do not authorize the Credit Union to reimburse itself for any draft that the Credit Union pays to the extent that the draft exceeds the draft balance from any other account unless indicated below. Such transfers shall be subject to a service charge as determined from time to time.

Account # _____

Cash Reserve Line of Credit

By checking "Yes" in the Cash Reserve Line of Credit above, I am requesting an agreement be sent to me so that the Credit Union can reimburse itself for any overdrafts from a line of credit account. Everything I have stated in this application is true to the best of my knowledge. I understand that you will rely on this information in deciding whether or not to grant credit to me. I also understand that you will not return this application. You are authorized to check my credit and employment history. I agree that I will be bound by all terms and conditions governing this account, a copy of which will be delivered to me.

TIN Certification and Backup Withholding Information

Under penalties of perjury, I/we certify that (1) the number shown on this form is my/our correct Social Security Number(s) and *(2) that I/we am/are not subject to backup withholding either because I/we have not been notified that I/we am/are subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I/we am/are no longer subject to backup withholding. (3) I am a U.S. Citizen (including a U.S. Resident Alien). (4) I am not a U.S. Citizen. I will complete a W-8 BEN.

**Strike out the language in (2) above if the IRS has notified you that you are subject to backup withholding and has not terminated that notification.*

Terms and Conditions of Account

The following terms and conditions apply to this account:

- All sums to be paid to the Credit Union on share/deposits (less set offs allowed by law and/or provided by contract) shall be paid on proper withdrawals demand. In the case of a single name account, such demand must be made by the owner or his/her representative. In the case of a multiple name account, such demand must be made by one or more owners of the account and in accordance with the initialed agreement regarding signatures or, in the absence of such initials, by any one owner. If all owners are deceased and there is a beneficiary(ies) listed in this agreement, withdrawals may be made by the beneficiary(ies) according to the beneficiary provisions.
- Only methods approved by the Credit Union may be used to make withdrawals for this account.
- All non-cash payments received into this account will be credited subject to final payment of such items.
- The Credit Union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this account. However, the Credit Union may, at its discretion, pay such a draft. If the Credit Union does pay such a draft, it is agreed that the Credit Union shall be immediately reimbursed, by one or more of the undersigned, to the extent that such a draft exceeds the share balance on this account. Such reimbursement shall be in cash, unless another manner of reimbursement has been authorized.
- The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the share draft unless the Credit Union has, prior to presentment and with reasonable time for the Credit Union to act, received a separate notice of postdating or stop payment order concerning the draft.
- Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft.
- Any obligation respecting any item shown on a periodic statement of account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- This account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in the Credit Union bylaws.
- This account is also subject to other such items as the Credit Union may establish from time to time. Such other terms and conditions include, without limitation, service charges for stop payment orders, drafts returned for insufficient funds, and any other service as designated by the Credit Union. The Credit Union may change the terms and conditions of this account upon giving a 30-day written notice. Notice may be given by U.S. Mail, first class, postage prepaid, to the owner's last known address, as reflected in the Credit Union's records.
- If this agreement is signed by more than one person, the persons signing on the reverse side hereof shall be the joint owners of their account which, in that event, shall be subject to the additional terms and conditions printed in this document.

PRIMARY OWNER 1

PRIMARY OWNER 1

Member First Name	Middle Initial	Last (as shown on income tax return)	Birth Date
Social Security Number	Driver's License / ID #		Mother's Maiden Name
Current Street Address	City	State	Zip
Current Mailing Address (if different)	City	State	Zip
Alternate / Seasonal Mailing Address (if any)	City	State	Zip
Home Phone # ()	Work Phone # ()	Cell Phone # ()	Email Address
Present Employer Name	Position/Title	Date of Hire	
Field of Membership: Michigan Live <input type="checkbox"/> Work <input type="checkbox"/> Attend school or church in above Field of Membership; or Other _____			
The Internal Revenue Service does not require your consent to any provision of this Member Service Card other than the certification required to avoid backup withholding. By signing below you certify that you are not subject to backup withholding and will not engage in an internet gambling business with this account as described in the Unlawful Internet Gambling Enforcement Act (UIGEA) of 2006.			
X			US CITIZEN Yes No
Signature		Date	

OTHER SIGNER 2

OTHER SIGNER 2

Member First Name	Middle Initial	Last	Birth Date
Social Security Number	Driver's License / ID #		Mother's Maiden Name
Current Street Address	City	State	Zip
Home Phone # ()	Work Phone # ()	Cell Phone # ()	
Present Employer Name	Position/Title	Date of Hire	
Check one and provide supporting documents. (Note: if no box is checked this person will be a joint owner) Joint Owner <input type="checkbox"/> Guardian/Conservator <input type="checkbox"/> Rep Payee <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Trustee <input type="checkbox"/> Personal Rep <input type="checkbox"/>			
X			US CITIZEN Yes No
Signature		Date	

OTHER SIGNER 3

OTHER SIGNER 3

Member First Name	Middle Initial	Last	Birth Date
Social Security Number	Driver's License / ID #		Mother's Maiden Name
Current Street Address	City	State	Zip
Home Phone # ()	Work Phone # ()	Cell Phone # ()	
Present Employer Name	Position/Title	Date of Hire	
Check one and provide supporting documents. (Note: if no box is checked this person will be a joint owner) Joint Owner <input type="checkbox"/> Guardian/Conservator <input type="checkbox"/> Rep Payee <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Trustee <input type="checkbox"/> Personal Rep <input type="checkbox"/>			
X			US CITIZEN Yes No
Signature		Date	

Beneficiary Information and Provisions

Upon death of the owner, or last surviving owner if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) listed below who are alive at that time. In addition, each beneficiary shall have the power to withdraw only his or her equal share, unless specified otherwise, of the remaining account balance together with any accumulations on such amount. The multiple name account agreement shall not apply to beneficiaries. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

BENEFICIARY 1	PLEASE PRINT	BENEFICIARY 2	PLEASE PRINT
X		X	
First Name	MI	Last	
Relationship	Date of Birth		

CREDIT UNION USE ONLY	OFAC Results _____	<input type="checkbox"/> TIS Disclosure	Chex System Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Opened by ID# _____	Date _____	MO ID# & Sign _____	Date _____
Notes:			
Primary Owner (Last Name, First Name)		Account #	