



MEMBERSHIP AND ACCOUNT APPLICATION AND ACCOUNT CARD

Check One:	<input type="checkbox"/> New Application	<input type="checkbox"/> Change in Account
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PLEASE TELL US ABOUT YOURSELF

I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNT: Regular Share Savings Checking Club Account Money Market Share Certificate with the following term: ____ months IRA Savings IRA Certificate with the following term: ____ months HSA Trust Account	Credit Union Use Only: Member No. _____
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I AM:

An Existing Member. My member or account number is: _____

A New Member. Membership eligibility: _____

Are you Related to or Living with an employee of the Credit Union? Yes No If so, with whom?: _____

How did you hear about us?

Website Online Co-Worker/Friend Family Member Employer Other: _____

I AM THE PRIMARY ACCOUNT OWNER TRUSTEE MY INFORMATION IS AS FOLLOWS:						
LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY	STATE ZIP
YEARS AT RESIDENCE	RENT OWN	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	PLACE OF BIRTH	
I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: Government-issued ID Card, No. _____, State: _____ U.S. Military ID Card, No. _____ U.S. Passport, No. _____ Permanent Resident Card, No. _____ Other, Describe: _____						
EMPLOYER'S NAME AND ADDRESS			POSITION/TITLE		OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS		WORK E-MAIL ADDRESS	

JOINT OWNER ADDITIONAL TRUSTEE ON MY ACCOUNT (do not complete if you will be the only owner on the account):						
LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY	STATE ZIP
YEARS AT RESIDENCE	RENT OWN	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	PLACE OF BIRTH	
I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: Government-issued ID Card, No. _____, State: _____ U.S. Military ID Card, No. _____ U.S. Passport, No. _____ Permanent Resident Card, No. _____ Other, Describe: _____						
EMPLOYER'S NAME AND ADDRESS			POSITION/TITLE		OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS		WORK E-MAIL ADDRESS	

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HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY	STATE ZIP
YEARS AT RESIDENCE	RENT	OWN	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	PLACE OF BIRTH
I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: Government-issued ID Card, No. _____, State: _____ U.S. Military ID Card, No. _____ U.S. Passport, No. _____ Permanent Resident Card, No. _____ Other, Describe: _____						
EMPLOYER'S NAME AND ADDRESS				POSITION/TITLE	OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS		
IF YOU HAVE ADDITIONAL JOINT OWNERS OR TRUSTEES, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION. ALL JOINT OWNERS OR TRUSTEES MUST SIGN THIS APPLICATION.						

(Optional) I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die). Funds will be divided among beneficiaries equally.					
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
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Trustee Account (Complete if you are a Trustee applying for an account on behalf of a Trustee).

TRUST ACCOUNT INFORMATION	
This account is being opened on behalf of a living trust.	
Legal Name of Trust: _____	Trust TIN: _____
_____	_____
_____	_____
Name of Trustee: _____	Name of Trust: _____
Name of Grantor (if different than Trustee): _____	
Eligibility for membership of Grantor (if Grantor is different than Trustee): _____	
Name of Beneficiary: _____	Relationship to Grantor: _____
Beneficiary's Eligibility for Membership: _____	
<i>Please provide your Trustee information above.</i>	
<p>Trustee Certification & Agreement. By signing this Application, Trustee (whether one or more) certifies that he/she is the duly authorized Trustee for the Trust named herein, and is duly authorized to open accounts, transact business, encumber or pledge Trust accounts and assets, and execute agreements with the Credit Union. Trustee and any Successor Trustee agrees to present appropriate and complete Trust documents and any other documentation as requested by Credit Union from time to time.</p> <p>Under the terms of the document(s) creating and governing the trust, any one trustee (including a successor trustee that has assumed the role of trustee) is authorized without limitation to make any instruction or execute any transaction on an account owned by the trust as if the trustee owned the account personally and alone. The Trustee certifies that the terms of the trust documents are not in conflict with any term contained in this document. Trustee understands and agrees that the accounts listed above are owned by the Trust.</p> <p>The Credit Union is authorized to comply with the direction of any one Trustee concerning any transaction or instruction on an account. Requests for withdrawal, orders for payment or other transactions on the trust's account(s) evidenced by the Trustee's signature may be honored even if the Trustee omits the title "Trustee" from his or her signature or otherwise fails to indicate a representative capacity, the intent being that the Trustee is acting in a representative capacity. We have no duty to inquire or investigate regarding the use or purpose of any transaction or the propriety or impropriety of any action taken by the Trustee.</p> <p>The Credit Union reserves the right to require written consent of all Trustees for any transaction on an account, including a transfer or withdrawal of funds, or for a change or termination of an account. If the Credit Union receives notice concerning a dispute over an account or inconsistent instructions from trustees, the Credit Union may suspend or terminate the account or require a court order or written consent from all trustees to act. The Trustee(s), personally and as representative for the Trust, agrees to indemnify and hold the Credit Union harmless from any and all claims, suits, actions, damages, judgments, liabilities, losses, costs, charges and expenses, including court costs and attorney's fees that the credit union shall or may sustain resulting from a Trustee's misconduct or misrepresentation.</p> <p>By signing this Application, Trustee agrees and understands that he is signing on behalf of the Trust and has no voting rights in the Credit Union in connection with his representative capacity and must qualify in his personal capacity in order to become a member of the Credit Union.</p>	

ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:

Debit/Check Card attached to my Checking Account (use at ATMs and for purchases at places that accept the Card)
Additional Card for Joint Owner.

ATM Card (use to withdraw/deposit money at ATMs) attached to my Savings Account Checking Account
Additional Card for Joint Owner

E-Statements: Yes, send me my statements in electronic format to my e-mail address listed below. I understand that I will not receive paper statements via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Statement service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the statements in PDF format. Please send statements to the following e-mail address:

E-Notices: Yes, send me notices such as change-in-terms or certificate renewals in electronic format to my e-mail address listed below. I understand that I will not receive paper notices via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Notice service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the notices in PDF format. Please send notices to the following e-mail address:

Audio Response is available to all members by phoning (904) 296-4302.

Online Banking and Bill Pay are available by logging on to our website and following the instructions.

TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (*check applicable boxes*):

I am not subject to backup withholding due to failure to report interest and dividend income

I am subject to backup withholding

I am a U.S. Citizen

I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

AUTHORIZED SIGNATURES

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and to any amendments made thereto.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

By signing this application, you are consenting that Alive Credit Union may contact you regarding your account/loan via telephone, text messaging, or email at any time during your account/loan existence with us. This consent applies whether the number you supplied is a land line, a paging service, a cellular service, or any other service for which you may be billed for our call. This agreement is pursuant to consumer protection provisions outlined in the Federal Telephone Consumer Protection Act (TCPA).

Suspension of electronic services and access to share or deposit accounts. By signing below, you understand and agree that we may suspend some or all electronic services and access to your checking or other account(s) if you become delinquent on any of your loan or deposit obligations to us or you cause a loss to us, in accordance with applicable law. We shall not be liable to you in any regard in connection with such suspension of services.

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.

BINDING ARBITRATION: This contract contains a mandatory binding arbitration provision that limits your rights to bring legal action in court, including class action lawsuits. Please see the Binding Arbitration Agreement contained in your Membership Agreement.

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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. This means that 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 will also ask to see your driver's license or other identifying information.

THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

SIGNATURE OF PRIMARY ACCOUNT OWNER OR TRUSTEE DATE
(Do Not Print)
X

SIGNATURE OF JOINT ACCOUNT OWNER OR TRUSTEE DATE
(Do Not Print)
X

SIGNATURE OF JOINT ACCOUNT OWNER OR TRUSTEE DATE
(Do Not Print)
X

SIGNATURE OF JOINT ACCOUNT OWNER OR TRUSTEE DATE
(Do Not Print)
X