

Membership Application (continued)

Designation of Beneficiary(ies): Designated beneficiary(ies) will become the Accountholder(s) of these accounts upon the death of all Accountholders signed below. The beneficiary(ies) have no rights during the lifetime of any Accountholder. Fill out additional applications for more than (2) beneficiaries.

Last Name		Middle Name		Last Name		Middle Name	
First Name		Date of Birth		First Name		Date of Birth	
Relationship		Home E-mail Address		Relationship		Home E-mail Address	
Driver's License # & State		Social Security #		Driver's License # & State		Social Security #	
Home Phone # ()		Work Phone # ()		Home Phone # ()		Work Phone # ()	
Address				Address			
City		State		Zip Code		City	

Payer's Request for Taxpayer Identification

The Internal Revenue Service does not require the Primary Accountholder's consent to any provision of this document other than the certifications required to avoid backup withholding.

Part I Taxpayer Identification Number (TIN). Enter the Primary Accountholder's Social Security Number or TIN here. Note: If the accounts being opened with this application are in more than one name, see IRS chart for guidelines on which number to give the Payer: _____

Part II Backup Withholding on Account(s) opened after December 31, 1983.

Check this box if the Primary Accountholder is not subject to backup withholding. [See copy of IRS instructions for form W-9 or IRS Code Section 3406 (1) (c).] CERTIFICATION - By checking the box on the left and signing below, the Primary Accountholder certifies, under penalty of perjury, that the TIN and the Primary Accountholder is not subject to backup withholding.

Part III All Accountholders are U.S. persons (including U.S. resident aliens).

Account Agreement with the Right of Survivorship

AdvantagePlus of Indiana Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business on each Account opened under this membership. All Accountholders hereby agree with each other and with APIFCU that all sums now on deposit or heretofore or hereafter deposited to any Account opened under this membership are and shall be owned by them jointly with right of survivorship and be subject to the withdrawals of any of them, and payments to them or the survivor(s) shall be valid and discharge APIFCU from any liability of such payment.

Any Accountholder may pledge any and all funds on deposit in any Account open under this membership as collateral for a loan or loans. The right or authority of APIFCU under this agreement shall not be changed or terminated by any Accountholder except by written notice to APIFCU which shall not affect transactions therefore made. Shares are not transferable except on the books of APIFCU. Checks cashed against this Account are subject to collectability from this Account if returned unpaid.

Credit Report Authorization

By signing below, all Accountholders authorize APIFCU to verify any of the information furnished on this Application. All Accountholders also authorize APIFCU to gather whatever information it considers necessary and appropriate, including a credit report. As required by law, all Accountholders are hereby notified that a negative credit report reflecting on any Accountholder's credit may be submitted to a credit reporting agency if any Accountholder fails to fulfill the terms of any credit obligation.

Membership & Account Application / Signatures

By signing below, all Accountholders certify, under penalty of perjury, that all above information in this Application is true and correct. All Accountholders hereby make application for membership in and agree to conform to the By-laws and all disclosures provided separately or any amendments thereof in APIFCU. This Application controls all Accounts presently offered or to be offered by APIFCU in the name of the Accountholder(s) whose signature(s) appear below. Unless the Accountholder(s) otherwise notifies APIFCU in writing, each of the Accounts opened, utilized or closed, under this membership, shall be controlled by the provisions contained on this Application. **The Internal Revenue Service does not require the consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Accountholder's Signature X	(1) Joint Accountholder #1 Signature X
Date X	(2) Joint Accountholder #2 Signature X

For Credit Union Use Only ATM Card Debit Card Direct Deposit O/D

New Application Initials: _____ Approved by: Membership Officer Board

Revised Application Date: _____ Executive Committee

Reason for being revised:

Add Joint Delete Joint Change Name Signature

Update Signature Card _____ X