



2009 HOLIDAY CLUB ANNUAL ENROLLMENT

Who May Join the Holiday Club?

All associates of Luxottica Retail (U.S. and Puerto Rico only)

Advantage of a Credit Union Holiday Club

- Deposits are made easy thru payroll deduction
- Dividends are earned monthly
- You receive quarterly statements

When Does It Begin?

Payroll deductions start on December 5, 2008

How Do I Join?

Complete both the attached account card and payroll deduction card.

How Do I Continue My Existing Holiday Club Account?

By doing nothing...it's that easy. However, if you wish to change the amount of your payroll deduction just complete the Payroll Deduction Card.

Return Deadline—November 3, 2008

The attached card must be returned to the Credit Union office by Monday, November 3, 2008 in order for your deductions to start on December 5, 2008. Enrollments received after these dates will be processed as soon as possible.

IMPORTANT INFORMATION 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.

What this means to you: 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 may also ask to see your driver's license or other identifying documents.

Membership Requirements

Upon opening a Holiday Club Account, a regular savings account will also be opened. In accordance with our bylaws, all members must maintain a \$5.00 minimum balance in their regular savings account to be eligible for membership. A transfer will be made from your Holiday Club Account for \$5.00 in order to meet this requirement. This \$5.00 balance will always be available to you if you decide to close your membership.

Disbursal Date—November 2, 2009

The balance in your Holiday Club Account will be transferred into your regular savings and will be available by the following options:

- Stop by the Credit Union and make a withdrawal
- Visit us online at www.memberstrust.org or call PASS at 800-769-8934 to request a withdrawal or transfer.
- E-mail your request to: memberstrust@luxotticaretail.com

Early Withdrawal Penalty—\$10.00

This account is not similar to a regular savings account and should not be used for frequent withdrawals. Please consider this before enrolling in the Holiday Club. Should you wish to close the account or request a withdrawal or transfer from your Holiday Club account prior to November 2, 2009 there will be a \$10.00 early withdrawal penalty for each withdrawal.

Fax Completed Enrollment Forms to: 513-765-6078

ACCOUNT CARD:

Please Print

Account Number: _____ (if applicable) Lux ID: _____

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: (_____) _____

Work Phone: (_____) _____ SSN/TIN: _____

Date of Birth: _____

Employer: _____ Dept: or Store No: _____

E-mail: _____

Eligibility for Membership:

Luxottica Associate Household Member, if so who: _____

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 © 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.

AUTHORIZATION:

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule, 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 receipt of a copy the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of the acknowledge receipt of the Electronic Funds Transfer Agreement. 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 _____
Signature Date

X _____
Signature Date Signature (Joint Owner) Date

ACCOUNT OWNERSHIP:

Individual Joint Account with Survivorship

IF JOINT, COMPLETE JOINT OWNER INFORMATION:

Joint Owner: _____ Street: _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ Work Phone (_____) _____

SSN/TIN: _____ Date of Birth: _____

PAYROLL DEDUCTION CARD:

Store No. or Dept: _____

Please deduct \$ _____ per pay check.

I am paid weekly bi-weekly

Please credit this deduction as follows:

Regular Savings \$ _____

Holiday Club \$ _____

I understand that until further notice from me this deduction will continue as requested.

Credit Union Use Only:	
Account Number: _____	
_____	_____
Membership Offier	Date