

First Name:

Account Number:

Last Name:



**APPLICATION
FOR
MEMBERSHIP**
www.rtn.org

I/We hereby make application for membership in
RTN Federal Credit Union

By signing the reverse side of this card, 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 receipt of a copy of 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 and acknowledge receipt of the Electronic Funds Transfer Agreement. All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts selected on the reverse side of this card unless the credit union is notified in writing of a change. You further authorize us to check your account, credit, and employment history, and obtain a credit report from third parties, including credit reporting agencies, to verify your eligibility for any account or services you request

JOINT SHARE ACCOUNT AGREEMENT

NOT TRANSFERABLE (If Applicable)
The Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners agree with each other and with said credit union that all sums now paid in on shares, or heretofore or thereafter paid in on shares by any or all of said owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. Any and all of said joint owners may pledge all or any part of the shares; in this account as collateral security to a loan or loans from the credit union. The right of authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

CHECK ACCOUNT DISCLOSURE WITH OVERDRAFT TRANSFER CLAUSE

I/We hereby authorize the credit union to establish this Checking Account for me/us. The credit union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the shares in this Account. It is further agreed that:
(a) Only over-the-counter checks and other methods approved by the credit union may be used to make withdrawals from this Account. (b) The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected share balance in the Account.

The Credit Union may, however, pay such a check and transfer shares to this Account in the amount of the resulting overdraft. The credit union may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

(c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date or any limitation on the time of payment, unless the member has previously provided written timely notification to the Credit Union of a post dating.

(d) When paid, checks become the property of the Credit Union and will not be returned either with the periodic statement of the Account or otherwise.

(e) Except for negligence, the Credit Union is not liable for any action it takes regarding payment or nonpayment of a check.

(f) Any objection respecting any time shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.

(g) This Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.

(h) This Account is also subject to such other terms, conditions and service charges (if applicable) as the Credit Union may establish from time to time.

(i) If this Agreement is signed by more than one person, the persons signing shall be the joint owners of this Account which, in that event, shall be subject to any and all additional terms and conditions.

CERTIFICATION AS TO TAX PAYER IDENTIFICATION AND BACKUP WITHHOLDING

By signing the reverse side of this card, I certify, under penalties of perjury, that (1) I am a U.S. Person (including a U.S. resident alien), (2) the Social Security number (SSN)/taxpayer identification number (TIN) shown is my/the correct identification number and (3) I am NOT, unless designated below, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. The IRS does not require your consent to any provision of the Account Card other than the certifications required to avoid backup withholding.

I am a US Person (including a US resident Alien)
I am NOT a United States citizen or U.S. Person (complete form W-8BEN available at <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>)

NOTICE: As part of your membership process, you will receive a Truth In Savings Disclosure and a Funds Availability Policy. Your signatures represent your understanding and agreement to all terms and conditions of the Membership Application, and Certification of Backup Withholding as made a part of this brochure, those now in force and any which may hereafter be adopted.

PRIMARY MEMBER Single Account

PRINT NAME

SOC. SEC. NO DATE OF BIRTH

DRIVER LIC. NO. PLACE OF BIRTH

STREET ADDRESS MAILING ADDRESS

CITY STATE ZIP

HOME PHONE

WORK PHONE

CELL PHONE

MOTHER'S MAIDEN NAME

E-MAIL ADDRESS HOME WORK

Please Note: All owners need to sign the bottom of page 2 and return this application in person to any Credit Union office. Please have your government-issued photo ID at the time you open your account.

JOINT OWNER - Joint Account

PRINT NAME

SOC. SEC. NO. _____ DATE OF BIRTH _____

DRIVER LIC. NO. _____ PLACE OF BIRTH _____

STREET ADDRESS _____ MAILING ADDRESS _____

CITY STATE ZIP _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

MOTHER'S MAIDEN NAME _____

E-MAIL ADDRESS HOME _____ WORK _____

ACCOUNT SELECTIONS

Eligibility for Membership:

If family member eligibility, individual's name:

Main Share Savings (Required)

Open Date: _____ Teller: _____

Basic Checking Performance Checking*
*Performance Checking requires Direct Deposit

Open Date: _____ Teller: _____

Money Market Savings

Open Date: _____ Teller: _____

Holiday Club

Open Date: _____ Teller: _____

Vacation Club

Open Date: _____ Teller: _____

WHAT PROMPTED YOU TO OPEN YOUR ACCOUNT?

OPTIONAL SERVICES

VISA Check Card or ATM Card
 Primary Member Joint Member

Remote Teller Network

I wish to receive the RTN Federal Credit Union Remote Teller Network online banking product. I have read and agree to the Credit Union's *Electronic Funds Transfer* disclosure and agree to the terms and condition of the Credit Union's Home Banking policy.

Bill Payer Service

If checked, I understand there may be a fee for this service as published in the RTN FCU *Truth in Savings Account Disclosure*.

SIGNATURES

- All Persons Applying for Membership Must Sign Below -

My/Our signature(s) represent our understanding and agreement to all terms and conditions of the Membership Application, and Certification of Backup Withholding as made a part of this application, those now in force and any which may hereafter be adopted.

Member Signature
 X _____ Date

Joint Owner Signature 1
 X _____ Date

TO BE COMPLETED ONLY IF OPENING A TOTTEN TRUST ACCOUNT

Trustee(s),

hold this account in trust to control and dispose of as I/we see fit during my/our lifetime but on my/our death to pay to the beneficiary the full amount then standing to the credit of this account.

(Name, address and Social Security-number)

TO BE COMPLETED IF OPENING A MASSACHUSETTS UNIFORM TRANSFERS TO MINORS ACCOUNT ONLY

(Name)

as custodian for
 under the Massachusetts Uniform Transfers to Minors Act.

FOR CREDIT UNION USE ONLY

Membership Eligibility _____

Opened By _____

Date _____ Teller Initials and No. _____

Application Received: In Person Via US Mail

Gov. Issued Photo I.D. Driver Lic. Military I.D.

Other: _____

Credit System Approval No. _____

OFAC Pass: Yes No

Initial Disclosures / I.D. Card provided: Yes No