

MEMBERSHIP ENROLLMENT



UIECU

Employees Credit Union

217-278-7700
Toll free: 877-678-4328
Fax: 217-244-5789
www.uiecu.org

PO Box 500
Champaign, IL 61824-0500

First Street Branch
2201 South First Street
Champaign

Five Points Branch
206 East University Avenue
Urbana

Illini Union Branch
1401 West Green Street
Urbana

601 Branch
3301 North Boardwalk Drive
Champaign



We do business in accordance with the Federal Fair Housing Law and the Equal Opportunity Act



Loans subject to credit approval
All account features subject to change.

Step 9 – Identification Requirement

PLEASE INCLUDE A PHOTOCOPY (FRONT AND BACK) OF A VALID GOVERNMENT ISSUED PHOTO ID (I.E. DRIVER'S LICENSE, STATE ID OR PASSPORT) FOR ALL OWNERS ON THE ACCOUNT. IF YOU INCLUDE A PASSPORT, PLEASE ALSO INCLUDE A PHOTOCOPY OF DOCUMENTATION VERIFYING YOUR HOME ADDRESS SUCH AS A UTILITY BILL, LEASE AGREEMENT, VOTER REGISTRATION CARD, OR VEHICLE REGISTRATION.

Step 10 – Initial Deposit to Open Your Account

A MINIMUM DEPOSIT OF \$5 IS REQUIRED TO OPEN YOUR SAVINGS ACCOUNT. MINIMUM OPENING DEPOSIT FOR CHECKING LISTED IN STEP 4. ENCLOSE CHECK OR MONEY ORDER PAYABLE TO UIECU.

TOTAL INITIAL SAVINGS DEPOSIT \$

TOTAL INITIAL CHECKING DEPOSIT \$

Step 11 – Agreement and Signatures

By signing this agreement I am applying for Membership in the University of Illinois Employees Credit Union, and agree to follow its by-laws and amendments, pay any membership or entrance fee and subscribe for at least one share.

AUTHORIZATION: By signing this agreement, I/we agree to the terms and conditions of the Membership and Account Agreements, 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 of the Agreements 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.

e-STATEMENT: By checking the e-Statement Enrollment box on this agreement, I/we hereby authorize UIECU to deliver all monthly or quarterly account statements to me by electronic means. I/we understand that UIECU will notify me by email when statements are available for viewing over a secure web site. I/we also understand that I/we will not receive paper statements via postal delivery unless I/we request, in writing, to discontinue electronic statements. I/we agree to receive account notification changes and policy changes via electronic newsletters associated with e-Statements. I/we understand that I/we are responsible to alert the Credit Union of any change of my/our email address. Once enrolled, an email will be sent to you confirming your enrollment and your user id and your initial password.

CREDIT REPORT AGREEMENT: I/we authorize the credit union to obtain my/our credit reports in connection with this account. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA. You understand that the credit union will rely on the information you provided and your credit report to make its decision.

TAXPAYER I.D. NUMBER CERTIFICATION (SUBSTITUTE W-9 FORM): By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer Identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to back up 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.

I am subject to backup withholding. I am not a United States citizen or resident. Exempt

**If you own a non-resident alien, check the following box to designate your denial of Form W-9 Certification and to request IRS Form W-8BEN, which must be completed and returned to UIECU within 14 days. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

APPLICATION MUST BE NOTARIZED AND APPLICANT(S) MUST INCLUDE A LEGIBLE COPY OF DRIVER'S LICENSE(S).

PRIMARY OWNER SIGNATURE (REQUIRED)	DATE	JOINT-OWNER SIGNATURE (REQUIRED IF APPLICABLE)	DATE
State of _____ County of _____ before me personally came _____ to me known and known to me to be the individual described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same _____ (Notary Public Signature)	Day of _____ before me personally came _____ to me known and known to me to be the individual described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same _____ (Notary Public Signature)	State of _____ County of _____ before me personally came _____ to me known and known to me to be the individual described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same _____ (Notary Public Signature)	Day of _____ before me personally came _____ to me known and known to me to be the individual described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same _____ (Notary Public Signature)

PROXY: IF CHECKED, THE MEMBER AGREES TO THE TERMS OF THE PROXY BELOW.

The member does hereby constitute and appoint the members of the Board of Directors of this credit union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the member is entitled, for the election of directors, mergers and any matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

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 you for your name, address, date of birth, identification number, and other information that will allow us to identify you. Other various documents may be requested for verification purposes.

RETURN COMPLETED AGREEMENT TO: U OF I EMPLOYEES CREDIT UNION, MEMBER SERVICE DEPT., P.O. BOX 500, CHAMPAIGN, IL 61824-0500

For Office Use Only

PRIMARY OWNER ID #	TYPE	ST/COUNTRY	ISSUE DATE	EXP. DATE	JOINT-OWNER ID #	TYPE	ST/COUNTRY	ISSUE DATE	EXP. DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DATE	REASON			<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DATE	REASON		
C&C CARD ORDERED	<input type="checkbox"/> YES <input type="checkbox"/> NO	CARD REQ.	<input type="checkbox"/> YES <input type="checkbox"/> NO	CHECKS ORDERED	<input type="checkbox"/> YES <input type="checkbox"/> NO	CHECKS REQ.	<input type="checkbox"/> FOLLOW-UP LETTER	RATE & FEE SCHEDULE/ACCOUNT DISCLOSURE SENT	MSR#

Member Enrollment

& Savings/Checking Account Agreement

New members are required to open a regular Share Savings Account when joining the U of I Employees Credit Union (UIECU). A \$5 minimum balance is required in this savings account in order to utilize services and maintain membership at the credit union. Account disclosures will be mailed to you.



P.O. Box 500 • Champaign, IL 61824-0500
217-278-7700 • Fax: 217-244-5789



Member Enrollment & Savings/Checking Account Agreement

- Please print clearly in BLACK INK and INITIAL ANY CHANGES to this form.
- Please provide the information requested. Omissions or an inability to verify this information may cause a processing delay. To help fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account at UIECU, 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, and may retain copies of these documents.

- All fields must be completed unless noted.
- Application must be notarized and applicant(s) must include a legible copy of driver's license(s). (Front and Back) (See Step 8 for details.)

FOR OFFICE USE: Member Account Number

Step 1 – Owner Information (New Credit Union Member)

PRIMARY OWNER LAST NAME		FIRST NAME		M.I.		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
HOME ADDRESS (STREET & NUMBER – NO PO. BOX)				CITY		STATE		ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)				CITY		STATE		ZIP CODE	
HOME PHONE NUMBER () () ()		WORK PHONE NUMBER () () ()		MOBILE PHONE NUMBER () () ()		EMAIL ADDRESS			
EMPLOYER NAME		OCCUPATION		MOTHER'S MAIDEN NAME		DRIVER'S LICENSE #		STATE EXP.	
ARE YOU A US CITIZEN/PERMANENT RESIDENT? (circle one) YES/NO				IF NO, WHAT IS YOUR NATIONALITY		ARE YOU/ANY FAMILY MEMBER A SENIOR FOREIGN POLITICAL FIGURE? YES/NO			

JOINT-OWNER (OPTIONAL) LAST NAME

FIRST NAME		M.I.		SOCIAL SECURITY NUMBER		DATE OF BIRTH			
HOME ADDRESS (STREET & NUMBER – NO PO. BOX)				CITY		STATE		ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)				CITY		STATE		ZIP CODE	
HOME PHONE NUMBER () () ()		WORK PHONE NUMBER () () ()		MOBILE PHONE NUMBER () () ()		EMAIL ADDRESS			
EMPLOYER NAME		OCCUPATION		MOTHER'S MAIDEN NAME		DRIVER'S LICENSE #		STATE EXP.	
ARE YOU A US CITIZEN/PERMANENT RESIDENT? (circle one) YES/NO				IF NO, WHAT IS YOUR NATIONALITY		ARE YOU/ANY FAMILY MEMBER A SENIOR FOREIGN POLITICAL FIGURE? YES/NO			

Step 2 – Designation of Beneficiary (Optional)

LAST NAME		FIRST NAME		M.I.		SOCIAL SECURITY NUMBER		DATE OF BIRTH		RELATIONSHIP TO MEMBER	
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Step 3 – Membership Eligibility (Primary Owner)

PLEASE CHECK ONE: (Please send a copy of your eligibility: postsub, identification card, utility bill, etc.)

- I am an employee or retiree of the University of Illinois.
- I am a student of the University of Illinois – Champaign/Urbana campus.
- I am a University of Illinois Alumni Association member.
- I am an employee of an UI Allied Organization.
- I am a relative of a current UIECU member.
- I am an employee or retiree of SBC or its affiliated subsidiaries.
- I live in Champaign County
- I work in Champaign County

Step 4 – Checking Account Option (Minimum opening deposit requirement based on checking selection)

PLEASE CHECK ONE:

- Yes, I want to open a UIECU checking account (select checking type):
 - ILLINI ADVANTAGE PLUS CHECKING (\$100 min.)
 - CAMPUS CHECKING (\$100 min.)
 - ECO-CHECKING (\$300 min.)
 - ILLINI ADVANTAGE CHECKING (\$300 min.)
 - SHARE DRAFT CHECKING (\$100 min.)
- No, I do not want a checking account at this time.

Step 5 – Overdraft Protection

IF YOU DO NOT CHECK BELOW, YOU WILL HAVE COURTESY PAY SERVICE ON YOUR CHECKING ACCOUNT AUTOMATICALLY (\$500 MAXIMUM LIMIT).

- I do not want Courtesy Pay Service at this time
- Lower limit of Courtesy Pay Service to \$ _____ MUST BE EVEN DOLLAR AMOUNT, i.e. \$100

Step 6 – Estimated Number of Monthly Transactions

Total Deposits \$	1-5	6-10	11+	Cash Withdrawals (incl ATM) \$	1-5	6-10	11+	Incoming International Wire Transfers \$	1-2	3-4	5+
Total Withdrawals \$	1-5	6-10	11+	Incoming Domestic Wire Transfers \$	1-2	3-4	5+	Outgoing International Wire Transfers \$	1-2	3-4	5+
Cash Deposits (incl ATM) \$	1-5	6-10	11+	Outgoing Domestic Wire Transfers \$	1-2	3-4	5+	Other – specify _____	1-2	3-4	5+

Step 7 – Additional Services (Optional)

E-STATEMENT ENROLLMENT

- BY CHECKING HERE I/WE HEREBY APPLY FOR E-STATEMENTS OFFICIAL ACCOUNT STATEMENT AND AGREE THAT THE E-STATEMENT NOTIFICATION WILL BE SENT TO THE EMAIL ADDRESS NOTED BELOW. I/WE AGREE TO OPEN AND READ THE E-STATEMENT CONFIRMATION THAT WILL BE SENT TO THE EMAIL ADDRESS BELOW.

VISA® CASH & CHECK CARD

(Available only with checking account)

- BY CHECKING HERE I/WE HEREBY APPLY FOR A VISA CASH & CHECK CARD, ISSUED TO THE PRIMARY OWNER AND/OR JOINT OWNER (BASED ON INDIVIDUAL APPROVAL) If approved, your new Visa Cash and Check card(s) will be mailed to the mailing address on record for each owner. Your new Visa Cash and Check card system-generated personal identification number (PIN) will be mailed separately within 14 days of Credit Union receiving and approving request. If you do not receive your card(s) or PIN mailer(s) within 14 days, please contact UIECU immediately.

Step 8 – Order Personalized Checks

CHECKS WILL BE PRINTED AND MAILED TO THE MAILING ADDRESS ON RECORD FOR PRIMARY OWNER.

CHECK STYLE

- UIECU Style*
- No checks
- I will order checks at a later time, please send order form and check style catalog.

ADDITIONAL INFORMATION PRINTED ON CHECKS

- Name of Joint-Owner on checks? Yes No
- Home address of Primary Owner on checks? Yes No
- Home phone number of Primary Owner on checks? Yes No

*CONTACT UIECU FOR OTHER CHECK STYLES, CHECKBOOK COVERS OR TO OBTAIN CHECK PRICING. PRICES MAY VARY AND ARE SUBJECT TO CHANGE WITHOUT NOTICE. PAYMENT(S) FOR CHECKS AND CHECK ACCESSORIES WILL BE DEDUCTED FROM YOUR CHECKING ACCOUNT.