

- If you are eligible for membership, please provide all of the requested information on the following pages.
- When you have completed the form, please review the information for accuracy, then print and sign the form.
- Fax the signed for to 336.379.3506, mail it to Premier FCU, PO Box 26590, Greensboro, NC 27415-6590, or stop by one of our branch locations. The Credit Union must have this form hand delivered, mailed or faxed before your request can be processed. If this request is sent by fax, an employee of the credit union may contact you to verify the information before making any changes to your account.
- Once we receive your membership request, a membership packet will be mailed to you within 1 business day including a Member Account Card and necessary disclosures. We will even include a postage paid envelope for your convenience in mailing back the Member Account Card.
- Upon receipt of the signed Member Account Card, we will open your account.

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

|  |                         |
|--|-------------------------|
| <b>Member/Owner:</b>   | <b>Member No.:</b>      |
| Designate the ownership of the accounts and responsibility for the services requested.<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Joint (G.S. 54-109.58): We <input type="checkbox"/> do <input type="checkbox"/> do not elect to create the right of survivorship in this account.  |                         |
| We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) The Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature; and (2) If we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will. |                         |
| Street:  | SSN/TIN:                |
| City/State/Zip:  | Driver's Lic. No.:      |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted  | Date of Birth:          |
| Work Phone:  | Place of Birth:         |
| E-Mail:  | Membership Eligibility: |
| Employer:  | Husband's First Name:   |
| Wife's Maiden Name:  | Mother's Maiden Name:   |

**ACCOUNT OWNERSHIP**

|   |                    |
|---|--------------------|
| <b>Joint Owner:</b>   | SSN/TIN:           |
| Street:   | Driver's Lic. No.: |
| City/State/Zip:   | Date of Birth:     |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Place of Birth:    |
| Work Phone  | E-Mail:            |
| <b>Joint Owner:</b>   | SSN/TIN:           |
| Street:   | Driver's Lic. No.: |
| City/State/Zip:   | Date of Birth:     |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Place of Birth:    |
| Work Phone:   | E-Mail:            |
| <b>Joint Owner:</b>   | SSN/TIN:           |
| Street:   | Driver's Lic. No.: |
| City/State/Zip:   | Date of Birth:     |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Place of Birth:    |
| Work Phone  | E-Mail:            |

**ACCOUNT DESIGNATIONS**

**Payable on Death Account.** I/we understand that by establishing a Payable on Death Account under the provisions of North Carolina General Statute 54-109.57 that: (1) during my/our lifetime I/we may withdraw the money in the account; and (2) by written direction to the Credit Union I/we individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries and the money will not be inherited by my (or our) heirs or be controlled by will.

|  |  |
|--|--|
| <input type="checkbox"/> <b>All Accounts</b><br>Beneficiary/POD Payee:<br>Street:<br>City/State/Zip: | <input type="checkbox"/> <b>Designate Specific Accounts:</b><br>Beneficiary/POD Payee:<br>Street:<br>City/State/Zip: |
|--|--|

**UTMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers to Minors Act)  
 Minor's SSN/TIN: \_\_\_\_\_

**Personal Agency Account.** I understand that by establishing a personal agency account under the provisions of N.C.G.S. 54-109.63 that the agent named in the account may (1) sign checks drawn on the account; and (2) make deposits into the account. I also understand that upon my death the money remaining in the account will be controlled by my will or inherited by my heirs.

**Agency** Name of Agent: \_\_\_\_\_ (please print)  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other:**  See Account Authorization Card

**ACCOUNT TYPE**

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

|   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> Share Savings        | Suffix * | <input type="checkbox"/> Money Market   | Suffix * |
| <input type="checkbox"/> Share Draft/Checking | _____    | <input type="checkbox"/> Christmas Club | _____    |
| <input type="checkbox"/> Share Certificate    | _____    | <input type="checkbox"/> Vacation Club  | _____    |

\* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number on front. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**ACCOUNT SERVICES**

|   |   |
|---|---|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit:                  | <input type="checkbox"/> Visa Check Card  |
| <input type="checkbox"/> Audio Response:                                    | <input type="checkbox"/> ONLINE Bill Pay: |
| <input type="checkbox"/> Overdraft Protection (Indicate transfer priority): | <input type="checkbox"/> Other:           |
| <input type="checkbox"/> ATM Card:  | <input type="checkbox"/> Other:           |
| <input type="checkbox"/> PC Access/Internet Banking                         | <input type="checkbox"/> Other:           |

**SERVICE CENTER ACCESS**

Service Center access must be approved.

|  |  |
|--|--|
| <input type="checkbox"/> Approved      | <input type="checkbox"/> Denied            |
| <input type="checkbox"/> Not Requested | <input type="checkbox"/> Field Maintenance |

**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 (or I am waiting for a number to be issued),**  
**(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 (c) 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 certify that the information on this Account Card (front and back) is complete and true and that 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 and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

|                                  |                                  |
|----------------------------------|----------------------------------|
| <b>X</b> _____<br>Signature Date | <b>X</b> _____<br>Signature Date |
| <b>X</b> _____<br>Signature Date | <b>X</b> _____<br>Signature Date |

**FOR CREDIT UNION USE ONLY**

|  |  |  |
|--|--|--|
| Date of Membership:<br><input type="checkbox"/> Credit Report<br><input type="checkbox"/> ATM/Debit Card | <input type="checkbox"/> See Account Change Card<br>Opened/App'd by:<br><input type="checkbox"/> Check Verify<br><input type="checkbox"/> Audio Response<br><input type="checkbox"/> SSC Field Maintenance | <input type="checkbox"/> See Insurance Beneficiary Card<br>Member Verification:<br><input type="checkbox"/> PIN Request<br><input type="checkbox"/> PC Access/Internet banking |
|--|--|--|

**X** \_\_\_\_\_  
Membership Officer Date