

Member Account Agreement

Date: _____

Credit Union Name & Address

MORTON CREDIT UNION
121 MORTON DRIVE
SOUTH HUTCHINSON, KS 67505

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1

| | |
|--|--|
| Name | |
| Relationship to Account (Owner and/or Signer, etc.) | |
| Address | |
| Mailing Address (if different) | |
| Home Phone | |
| Work Phone | |
| Mobile Phone | |
| E-Mail | |
| Birth Date | |
| SSN/TIN | |
| Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date) | |
| Other ID (Description, Details) | |
| Employer's Name & Address | |
| Previous Financial Inst. | |
| Member Qualification/Relationship to Member | |

Owner/Signer Information 2

| | |
|--|--|
| Name | |
| Relationship to Account (Owner and/or Signer, etc.) | |
| Address | |
| Mailing Address (if different) | |
| Home Phone | |
| Work Phone | |
| Mobile Phone | |
| E-Mail | |
| Birth Date | |
| SSN/TIN | |
| Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date) | |
| Other ID (Description, Details) | |
| Employer's Name & Address | |
| Previous Financial Inst. | |
| Member Qualification/Relationship to Member | |

Member No. _____

Account Title & Address

| | |
|---------------|--|
| Account Title | |
| Address | |
| City | |
| State | |
| Zip | |

Ownership of Account

The specified ownership will remain the same for all accounts.

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation - For Profit |
| <input type="checkbox"/> Joint with Survivorship (not as tenants in common) | <input type="checkbox"/> Corporation - Nonprofit |
| <input type="checkbox"/> Joint with No Survivorship (as tenants in common) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust-Separate Agreement Dated: _____ | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> | <input type="checkbox"/> Limited Liability Company |

Beneficiary Designation

(Check appropriate ownership above.)

- | | |
|--|---|
| <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> Pay-On-Death (POD) |
| <input type="checkbox"/> | |

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

| | |
|---------------------|--|
| Beneficiary Name(s) | |
| Address(es) | |
| SSN(s) | |

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: _____

Signature(s)

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | |
|--|---|
| <input type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Electronic Fund Transfers | <input type="checkbox"/> Truth in Savings |
| <input type="checkbox"/> Substitute Checks | <input type="checkbox"/> Funds Availability |
| <input type="checkbox"/> Common Features | <input type="checkbox"/> |

| | | |
|-----|--------|---|
| [X | (Date) |] |
| [X | |] |
| [X | |] |
| [X | |] |

Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.)

| Owner/Signer Information 3 | |
|--|--|
| Name | |
| Relationship to Account (Owner and/or Signer, etc.) | |
| Address | |
| Mailing Address (if different) | |
| Home Phone | |
| Work Phone | |
| Mobile Phone | |
| E-Mail | |
| Birth Date | |
| SSN/TIN | |
| Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date) | |
| Other ID (Description, Details) | |
| Employer's Name & Address | |
| Previous Financial Inst. | |
| Member Qualification/Relationship to Member | |

| Owner/Signer Information 4 | |
|--|--|
| Name | |
| Relationship to Account (Owner and/or Signer, etc.) | |
| Address | |
| Mailing Address (if different) | |
| Home Phone | |
| Work Phone | |
| Mobile Phone | |
| E-Mail | |
| Birth Date | |
| SSN/TIN | |
| Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date) | |
| Other ID (Description, Details) | |
| Employer's Name & Address | |
| Previous Financial Inst. | |
| Member Qualification/Relationship to Member | |

| Backup Withholding Certifications | |
|--|--------|
| <i>(If not a "U.S. Person," certify foreign status separately.)</i> | |
| TIN: _____ | |
| <input type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number. | |
| <input type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. | |
| <input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations. | |
| I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien). | |
| X _____ | (Date) |

| Non-Individual Owner Information | |
|---|--|
| Name | |
| EIN | |
| Phone | |
| Mobile Phone | |
| E-Mail | |
| Type of Entity | |
| State/Country & Date of Organization | |
| Nature of Business | |
| Address | |
| Mailing Address (if different) | |
| Authorization/Resolution Date | |
| Previous Financial Inst. | |
| Member Qualification/Relationship to Member | |

| Account Description | Account # | Initial Deposit/Source |
|---------------------|-----------|--|
| | | \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____ |
| | | \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____ |
| | | \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____ |

| Services Requested | |
|--------------------------------|---|
| <input type="checkbox"/> ATM | <input type="checkbox"/> Debit/Check Cards (No. Requested: _____) |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

| Other Terms/Information | |
|---|--|
| Name: _____ | |
| Reference 1 (Relative) Relationship: | Reference 2 (Non-Relative) Relationship: |
| Address: | Address: |
| City/ST/Zip: | City/ST/Zip: |
| Ph #: | Ph #: |
|  | |