

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean Partners Financial Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a are applicable only if the is marked, e.g., . "n/a" means not applicable.

Membership Eligibility: _____

Account Type	Member Number:
<input type="checkbox"/> Share Savings <input type="checkbox"/> IRA Savings <input type="checkbox"/> Checking _____ <input type="checkbox"/> Money Market <input type="checkbox"/> Share Certificate – Term _____ <input type="checkbox"/> IRA Certificate – Term _____ <input type="checkbox"/> Other _____	

Account Services

Debit Card Online Banking Phone Pal Other _____
 Overdraft Protection – Select priority of which Overdrafts should be applied _____
 Electronic Documentation – If this box is checked, you request the credit union to provide documentation electronically via email or the credit union's web site according to the Electronic Documentation provision of the Membership Account Agreements, which you acknowledge reading and agree to its terms.

Ownership

Individual Account
 Joint Account with Survivorship On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.
 Joint Account without Survivorship On the death of an owner of the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust or intestacy.

Primary Member (Applicant)

Name	Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.
Physical Address (Street, City, State, Zip)			Email Address	
Mailing Address (If different than physical address)				
Employer	Occupation		Work Telephone No.	

Identification Type: Driver's License Military ID State Issued ID Card Passport Other _____

Identification Number	Country/State of Issue	Issue Date	Expiration Date	Password
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Joint Owner

Name	Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.
Physical Address (City, Street, State, Zip)			Email Address	
Employer	Occupation		Work Telephone No.	

Identification Type: Driver's License Military ID State Issued ID Card Passport Other _____

Identification Number	Country/State of Issue	Issue Date	Expiration Date
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Joint Owner

Name	Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.
Physical Address (City, Street, State, Zip)			Email Address	
Employer	Occupation		Work Telephone No.	

Identification Type: Driver's License Military ID State Issued ID Card Passport Other _____

Identification Number	Country/State of Issue	Issue Date	Expiration Date
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Account Designation

Payable on Death (P.O.D) Account

Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts with the exception of IRAs.

Beneficiary #1 – Name, Address and Phone	Relationship	Social Security No.
Beneficiary #2 - Name, Address and Phone	Relationship	Social Security No.

VUTMA Custodial Designation and Information

Custodian 1

Name: _____ Date of Birth: _____ SSN/TIN: _____
Address: _____

As custodian for _____ (name of minor), age _____, SSN _____ under the Virginia Uniform Transfers to Minors Act.

VUTMA Designation of Successor Custodian

Pursuant to the Uniform Transfers to Minors Act, I hereby designate:

Name: _____ Address: _____ Phone # _____

successor custodian for all accounts listed in this section. This designation shall take effect only upon my death, resignation, incapacity or removal.

Custodian Signature _____ Date _____

X

Important IRS Information - TIN Certification

I certify in accordance with IRS W-9 instructions and under penalty of perjury, (1) that the number shown herein is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2) that unless designated below, 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 IRS has notified me that I am no longer subject to backup withholding and (3) that unless designated below, I am a U.S. person (including a U.S. resident alien).

I am subject to backup withholding I am exempt I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

Signatures

You hereby apply for membership with the Credit Union. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. By signing below, you agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. In addition to establishing a regular share Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition of joint owner(s) of your Account(s). Your signature below is your continuing authorization for the Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s). 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 for you: When you open an account, we will ask 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 and other identifying information. **The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Owner Signature _____	Date _____	Joint Owner Signature _____	Date _____	Joint Owner Signature _____	Date _____
X		X		X	

Credit Union Use Only

Date of Membership _____ Approved By: _____ Verification By: _____

Credit Report ATM/DR Card ChexSystems Phone Pal Online Banking ID Score: _____ Other _____

Score: Primary _____

Joint: _____