



# ) Beneficiary/POD Payee

Membership Number:

Date:

| Beneficiary/POD Payee |                        |          |
|-----------------------|------------------------|----------|
|                       |                        |          |
| Date of Birth         | Social Security Number |          |
| First                 | Middle                 | Last     |
| Street Address        |                        |          |
| City                  | State                  | Zip Code |
| Home Phone Number     |                        |          |
| Work Phone Number     | Extension              |          |
| E-Mail Address        |                        |          |

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| E-Mail Address        |                        |          |

**SIGNATURES**

By signing below, you certify that the information on this Membership Application is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Membership Application for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to the terms of the following Agreements applicable to the Accounts and Services Requested.

|                                |             |
|--------------------------------|-------------|
| <b>Primary Account Holder:</b> | <b>Date</b> |
|--------------------------------|-------------|