



[Empty box for Social Security # (TIN)]

PLEASE PRINT IN INK
SOCIAL SECURITY # (TIN)

Name (First, MI, Last)

Home Address

City State Zip

Home Phone Work Phone

Cell Phone E-Mail

Employer UNO DEPT

Date of Birth Driver's License # / State Issued

THE FOLLOWING INFORMATION IS REQUIRED FOR SECURITY PURPOSES

Your Place of Birth Your Mother's Maiden Name

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
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 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 resident alien)

Certification Instructions: Cross out item 2 if the IRS has notified you that you are not 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 AND TIN CERTIFICATION

By signing below, I/We authorize a credit investigation and/or release of credit information as requested. I/We pledge all savings against delinquent loans or unpaid fees that may be incurred. I/We agree to the terms and conditions of the Membership and Account Agreement, Rate and Fee Schedule, Funds Availability Policy Disclosure and to any amendment you make from time to time which is incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested.

x Signature of Member

x Signature of Joint Owner #1

x Signature of Joint Owner #2

x Signature of Joint Owner #3

Joint Account Agreement

I understand that adding a joint owner(s) to my account entitles them to complete transaction authority. The only way a joint owner can be removed from an account is by written permission from them.

Joint Owner #1 Address City, State & Zip

SS# (TIN) DL# & STATE DATE OF BIRTH

Joint Owner #2 Address City, State & Zip

SS# (TIN) DL# & STATE DATE OF BIRTH

Joint Owner #3 Address City, State & Zip

SS# (TIN) DL# & STATE DATE OF BIRTH

Consent of Spouse (To be completed in Community Property States if Joint Owner is Other than Spouse of the Insured)

x Signature of Spouse

x Signature of Spouse

FOR CREDIT UNION USE ONLY

Membership Eligibility DATE OFAC
Telecheck Approval Code Membership Officer Approval