

Credit Union

Acct. No. _____

ACCOUNT OWNERSHIP AGREEMENT

Party(ies):

Account Type (check only one):

- Share (Savings) Account
Share Draft (Checking) Account
Share Certificate Account
Club Share (Savings) Account

Other: _____

Name of Member/Joint Account Holder

Name of Member/Joint Account Holder

Name of Joint Account Holder

Name of Joint Account Holder

Name of Joint Account Holder

Name of Joint Account Holder

This account is subject to the Terms and Conditions provided below. If jointly held, any one of the Account Holders may transact business on this account or pledge the account as security for obligations to the Credit Union.

X Member/Joint Account Holder's Signature Date

X Joint Account Holder's Signature Date

X Joint Account Holder's Signature Date

Form of Ownership (check only one):

Jointly Held Account:

Solely Held Account:

THIS ACCOUNT/CERTIFICATE IS OWNED BY THE PARTY NAMED HEREON.

THIS ACCOUNT/CERTIFICATE IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).

Solely Held Account with P.O.D. Beneficiaries:

THIS ACCOUNT/CERTIFICATE IS OWNED BY THE PARTY NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY (IES) NAMED BELOW.

Jointly Held Account with P.O.D. Beneficiaries:

THIS ACCOUNT/CERTIFICATE IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED BELOW.

Terms and Conditions:

I/We understand and agree that payment of any withdrawal shall be subject to the bylaws of the Credit Union, any restrictions or limitations imposed by applicable law, and these and other terms and conditions disclosed for this account, as amended from time to time. I/We grant Credit Union a security interest in this account to secure all obligations any of us may owe to the Credit Union, now or in the future, and consent to the Credit Union applying any amount held in the account to the debt(s) to Credit Union of any party(ies) to the account. This account is nontransferable and shall earn dividends as determined by the policy of the Credit Union board of directors. Any P.O.D. or joint account survivorship feature of this account shall apply without regard to any requirement to survive an event by any specified period.

I agree to the terms of the following agreements/disclosures, which were provided upon opening of this account:

Account Agreement brochure

Truth in Savings

Funds Availability

Electronic Fund Transfers

Privacy

Other: _____

Payable on Death Beneficiaries (This section is not valid unless the P.O.D. designation above is checked when this document is signed):

Full Legal Name of Beneficiary

SSN or Relationship

Full Legal Name of Beneficiary

SSN or Relationship

Full Legal Name of Beneficiary

SSN or Relationship

Taxpayer Identification Number & Certification

Under penalties of perjury I certify that: (1) _____ is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (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. citizen or other U.S. person (defined in the instructions). (You must 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.)

Signature X _____

Date _____

Agent Designation under Wis. Stats. § 705.05 (OPTIONAL)

Name of Agent

Agent's Address

Signature of Agent

City State Zip Phone

Transactions regarding this account/certificate may be made by the Agent named hereon. No present or future ownership or right of survivorship is conferred by this designation. The authority of this Agent is exercisable notwithstanding the legal disability of any party. Until the Credit Union receives written notice of revocation, the designated Agent is authorized to make withdrawals of any sum from my/our account in accordance with terms and conditions disclosed by Credit Union, and to give receipts therefor. ALL PARTIES TO THE ACCOUNT MUST SIGN BELOW FOR VALID DESIGNATION.

Signature of Account Holder Date

Signature of Account Holder Date

STATE OF WISCONSIN)
COUNTY OF _____)

Signature of Account Holder Date

This Agent Designation was acknowledged before me on _____ by _____

My commission expires: _____ Notary Public

Termination of Agent Designation (Any party may revoke designation of Agent): The Agent's authority is hereby terminated.