

APPLICATION FOR MEMBERSHIP

Account No. \_\_\_\_\_ Name \_\_\_\_\_

Type of ID \_\_\_\_\_ ID No. \_\_\_\_\_

Address \_\_\_\_\_

Husband's first or Wife's maiden name \_\_\_\_\_

Employer \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Dept. or Occupation \_\_\_\_\_ Place of Birth \_\_\_\_\_

Membership Eligibility \_\_\_\_\_

Emp. ID No. or Tax Ident. No. \_\_\_\_\_

By signing below, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the Richland Parish Credit Union.

I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time.

This application approved by the:

Board            Exec. Committee            Membership Officer

Date \_\_\_\_\_ Signed \_\_\_\_\_

(Person representing approver of application)

(Instruction to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.)

**CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND  
BACKUP WITHHOLDING**

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

Signature\_\_\_\_\_Date\_\_\_\_\_

**JOINT SHARE ACCOUNT AGREEMENT \*NOT TRANSFERABLE**

The Richland Parish Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations there on, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

Joint Account No. \_\_\_\_\_ Date \_\_\_\_\_

Emp. ID No. or Tax ID No.	Joint Owners Signatures (each must sign below)	Date of Birth

Consent of Spouse (to be completed if some states is joint owner is other than spouse of member)

Approved and consented to: \_\_\_\_\_

\*as defined in 12 DFR Part 204      Signature of spouse

Date \_\_\_\_\_

### INSURANCE BENEFICIARY DESIGNATION

If life savings insurance is carried in connection with this account, I, the account owner who is insured, hereby agree that any amounts payable to anyone or added to this account by reason of such insurance shall be paid to

Name \_\_\_\_\_ Address \_\_\_\_\_

If then living whom I hereby designate beneficiary of such insurance. I reserve the right to change or terminate the designation of beneficiary. I further agree that any designation or change of beneficiary, or termination of designation, shall be binding upon the credit union only if filled with the credit union prior to my death on a form supplied by the credit union. In the absence of the filling of such a designation, change or termination, I agree

on behalf of myself and my heirs, assigns, personal representatives and all other persons claiming through me to indemnify and save the credit union harmless from all loss or damage by reason of the payment of the proceeds of such insurance to the beneficiary named above. I understand that the credit union has no obligation to continue to provide life savings insurance and that whenever the credit union does provide such insurance, it may, in its sole discretion, cancel the insurance at any time.

Account owner who is insured

\_\_\_\_\_

signature

\_\_\_\_\_

Date

Consent of spouse (to be completed in community property states if designated beneficiary is someone other than spouse of insured)

Approved and consented to

\_\_\_\_\_

Signature of spouse

Insurance Carrier \_\_\_\_\_

Contract No. \_\_\_\_\_