

MEMBERSHIP APPLICATION & AGREEMENT

Membership Number

Account Type(s):	Share Draft Checking	Share Savings	Share Certificates (CDs)	Specialty Savings
	<input type="checkbox"/> Share Draft Checking <input type="checkbox"/> Teen Checking	<input type="checkbox"/> Share Savings <input type="checkbox"/> Premiere Money Market <input type="checkbox"/> Employee HSA Share Savings <input type="checkbox"/> Traditional IRA Share Savings <input type="checkbox"/> ROTH IRA Share Savings <input type="checkbox"/> Junior Savings <input type="checkbox"/> Maryland Uniform Transfers to Minors Act (MUTMA)	<input type="checkbox"/> Share Certificate (CD) <input type="checkbox"/> Traditional IRA Share Certificate <input type="checkbox"/> ROTH IRA Share Certificate <input type="checkbox"/> ROTH Conversion IRA Share Certificate	<input type="checkbox"/> Holiday Club <input type="checkbox"/> Personal Club <input type="checkbox"/> Personal Club II <input type="checkbox"/> Escrow Share Savings <input type="checkbox"/> Vacation Club
Account Ownership:	<input type="checkbox"/> Single <input type="checkbox"/> Convenience Person	<input type="checkbox"/> Joint With Right of Survivorship	<input type="checkbox"/> Payable-on-Death (POD) <input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Trust <input type="checkbox"/> UTMA

MULTIPLE-PARTY ACCOUNTS (Joint; POD; Trust). Unless You provide us with direction to the contrary at the time You submit Your Membership Application & Agreement, upon the death of a party to the Account, the funds in the multiple-party Account shall belong to any surviving party or parties.

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

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 You for 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 or other identifying documents.

Primary Owner Information Member Trust Other Specify: _____ Are You a Non-Resident Alien? Yes No

Name (First, Last, MI & Suffix or Name of Trust)				Birth Date or Date of Trust	
Physical Address			City	State	Zip
Mailing Address (if different than above)			City	State	Zip
Home Phone	Mobile Phone	Work Number	E-Mail Address		Eligibility
Social Security Number	Driver's License Number	Issue Date	State Issued	Exp. Date	Phone Verification Code (to confirm Your identity when calling)
Employer				Occupation	

Owner 2 Information Joint Owner Trustee Custodian Other Specify: _____

Name (First, Last, MI & Suffix)				Birth Date	
Physical Address			City	State	Zip
Mailing Address (if different than above)			City	State	Zip
Home Phone	Mobile Phone	Work Number	E-Mail Address		Eligibility
Social Security Number	Driver's License Number	Issue Date	State Issued	Exp. Date	
Employer				Occupation	

Owner 3 Information Joint Owner Trustee Custodian Other Specify: _____

Name (First, Last, MI & Suffix)				Birth Date	
Physical Address			City	State	Zip
Mailing Address (if different than above)			City	State	Zip
Home Phone	Mobile Phone	Work Number	E-Mail Address		Eligibility
Social Security Number	Driver's License Number	Issue Date	State Issued	Exp. Date	
Employer				Occupation	

Convenience Person **Attorney-In-Fact**

Name (First, Last, MI & Suffix)				Birth Date	
Physical Address			City	State	Zip
Mailing Address (if different than above)			City	State	Zip
Home Phone	Mobile Phone	Work Number	E-Mail Address		Eligibility
Social Security Number	Driver's License Number	Issue Date	State Issued	Exp. Date	
Specimen Signature					

Revocable Living Trust

You hereby certify that:

- (1) This is a revocable living trust. Name of Trust _____ ;
- (2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds;
- (3) The Trust Agreement appoints:

_____ as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

- (4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You indemnify Us from any liability and costs We may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this account to the revocable living trust named above.

You agree to be bound by the terms and conditions of this Account with Baltimore County Employees Federal Credit Union and the Credit Union's bylaws, rules and regulations in effect, which are subject to changes from time to time.

Lien Impressionment and Set-Off. You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

Signature of Settlor/Trustee of above Trust

Signature of Settlor/Co-Trustee of above Trust

Signature of Settlor/Co-Trustee of above Trust

Signature of Settlor/Co-Trustee of above Trust

Signatures

You hereby apply for membership with Baltimore County Employees Federal 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. 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 Your application for membership and to the bylaws, rules and regulations of Baltimore County Employees Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements And Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. 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 primary Savings 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 Baltimore County Employees Federal 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).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant (Primary Owner) Signature _____

Date _____

Owner 2 Signature _____

Date _____

Owner 3 Signature _____

Date _____

Credit Union Use Only

Date of Membership _____ Opened by _____ MSR Signature _____

OFAC/ChexSystems

QT Audio Set Up

Card Ordered