

MEMBER ACCOUNT AGREEMENT

NEW CENTURY FEDERAL CREDIT UNION
971 NORTH COLLINS STREET
JOLIET IL 60432

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

OWNERSHIP OF ACCOUNT: The ownership specified on this agreement will remain the same for all accounts listed below.

INDIVIDUAL TRUST - SEPARATE AGREEMENT DATED: _____

JOINT - WITH SURVIVORSHIP (and not as tenants in common)

REVOCABLE TRUST OR PAY-ON-DEATH DESIGNATION AS DEFINED IN THE ACCOUNT TERMS AND CONDITIONS. Name and Address of Beneficiaries: _____

DATE OPENED _____ OPENED BY _____

INITIAL AMOUNT \$ _____ FORM: CASH

Form of Identification: _____

Name and address of someone who will always know your location: _____

All New Accounts will be verified through: _____

I qualify for membership in this Credit Union because _____

ADDITIONAL INFORMATION:

CHECKING/SHARE DRAFT MONEY MARKET

TYPE OF ACCOUNT SAVINGS/SHARE SAVINGS

By signing below, the undersigned apply for membership in this Credit Union; agree to its by-laws and the terms and conditions of any approved account, as amended from time to time; and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certify that information provided on this Agreement is true and correct and that the terms on the Agreement apply to all accounts held by the undersigned at this Credit Union. By checking the boxes below, the undersigned acknowledge receipt of the named disclosures and the terms and conditions that apply to any approved account.

Funds Availability Electronic Fund Transfers Truth in Savings

Substitute Checks Privacy

ACCOUNT OWNER NAME & ADDRESS Member No./Account No. _____

Under the Illinois Uniform Transfers to Minors Act

(1): x

(2): x

(3): x

(4): x

This is a Temporary account agreement.

AGENTS - THE INDIVIDUAL SIGNING ABOVE ON LINE(S) _____ IS SIGNING AS:

Power of Attorney - agreement on file A Successor Custodian of a UTMA account Parent/Guardian

Authorized Signer

BACKUP WITHHOLDING CERTIFICATIONS

TIN: _____

TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE - I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

x _____ (Date)

<i>Data</i>	<i>Owner/Signer Info</i>	<i>Owner/Signer Info</i>
Name		
Relationship to Account (owner and/or signer, etc.)		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date		
Other ID (Description, Details)		
Employer's Name & Address		
Previous Financial Institution		
Membership Qualification/ Relationship to Member		

<i>Data</i>	<i>Owner/Signer Info</i>	<i>Owner/Signer Info</i>
Name		
Relationship to Account (owner and/or signer, etc.)		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date		
Other ID (Description, Details)		
Employer's Name & Address		
Previous Financial Institution		
Membership Qualification/ Relationship to Member		

CREDIT UNION USE ONLY	
Member Approved By _____	Date _____