

# Membership Application

Member Number
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<b>Account Type(s):</b>	<input type="checkbox"/> New Membership	<input type="checkbox"/> Name Change	<input type="checkbox"/> Ownership Change Date: _____
<b>Account Ownership:</b>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> POD Account under 205 ICS 625 et. seq.
	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> UTMA
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<b>Primary Owner:</b>	<b>Password:</b> _____	<b>Email Address:</b> _____	<b>No. of Signatures Required:</b> _____
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First	Middle	Last	Suffix	OFAC Match <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Alternate Unique Identification Number	Type	Driver's License Number	Eligibility
Address	Number	City	State	Zip
Home Telephone	Business Telephone	Birth Date	Employer	Occupation

### Owner 2:

First	Middle	Last	Suffix	OFAC Match <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Alternate Unique Identification Number	Type	Driver's License Number	Eligibility
Address	Number	City	State	Zip
Home Telephone	Business Telephone	Birth Date	Employer	Occupation

### Owner 3:

First	Middle	Last	Suffix	OFAC Match <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Alternate Unique Identification Number	Type	Driver's License Number	Eligibility
Address	Number	City	State	Zip
Home Telephone	Business Telephone	Birth Date	Employer	Occupation

### Q-Phone and Online Banking

You are requesting the convenience of Our Q-Phone Audio Response and Our Online Banking Personal Computer Account Access. You would like:

Q-Phone Audio Response       Online Banking Personal Computer Account Access

### Request to Receive Electronic Documentation

If this box is checked, You request that We provide statements to You electronically (that You may access through Our Online Banking) according to the Consent to Receive Electronic Documentation provided to You separately, which You acknowledge that You have read, You understand and You agree to its terms.

### Pay-On-Death Beneficiary Designation

You hereby designate the following beneficiary(ies).

Name _____	Relationship _____	SSN _____	Birthdate _____
Name _____	Relationship _____	SSN _____	Birthdate _____
Name _____	Relationship _____	SSN _____	Birthdate _____

### Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

**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 part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.**

We will be unable to open an Account for You without a taxpayer identification number or completed W-8 BEN.

