

MEMBER NUMBER

ACCOUNT CARD

MEMBER APPLICATION AND INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____

EMPLOYER _____ EMPLOYEE NUMBER _____

OCCUPATION _____ PHONE WORK () _____

HIRE DATE _____ EMAIL ADDRESS _____

HOME ADDRESS / PHYSICAL ADDRESS (NO P.O. BOX ALLOWED)

STREET _____ CITY _____

STATE _____ ZIP CODE _____ PHONE HOME () _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

STREET _____ CITY _____

STATE _____ ZIP CODE _____

DESIGNATED BENEFICIARY

NAME _____ SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

JOINT SHARE ACCOUNT AGREEMENT

The BNA Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto 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 will all accumulations thereon, 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(s) shall be valid and discharge said Credit Union from any liability for such payment. 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 transaction theretofore made.

JOINT OWNER _____ SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable and to any amendment the Credit Union makes from time to time which are incorporated herein.

Under penalty of perjury, I certify (1) that the number shown on this form is my correct tax payer identification number and (2) that 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.

Applicant Signature _____ Date _____

Joint Owner Signature _____ Date _____

FOR CREDIT UNION USE ONLY

This application approved on: _____ by the Membership Officer _____



USA PATRIOT ACT MEMBER IDENTIFICATION FORM

BNA FEDERAL CREDIT UNION

DATE: _____

Member's Name: _____

Date of Birth: _____ US PERSON NON-US PERSON

Home Address: _____

Mailing Address: _____

(If different) _____

Signature of New Member: _____

Printed Name: _____

(REQUIRED – PROVIDE AT LEAST ONE NON EXPIRED GOVERNMENT ISSUED ID CARD, DRIVER'S LICENSE, MILITARY ID CARD OR PASSPORT)**

FOR CREDIT UNION USE ONLY

Verified (type of document:

TYPE: _____ NUMBER: _____ EXPIRY: _____

Signature of Employee Opening Account: _____

Printed Name: _____

APPROVED BY COMPLIANCE OFFICER:

Signature of Compliance Officer: _____

Printed Name: _____

DON'T FORGET TO BRING A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED ID)