

Risk Rate: _____

Opened by: _____

Opened: _____

Closed: _____

Membership Officer _____

Date _____

For Credit Union Use Only

Signature of Joint Member _____

Date _____

Signature of Primary Member _____

Date _____

I/we further understand and agree that I/we shall be bound by the terms and conditions of any other account or service that I/we may later open. Any account opened in more than one name shall be a joint account with rights of survivorship. IMPORTANT INFORMATION ABOUT PROCEDURES 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 to you: when you open an account, we will ask you for your name, physical address, date of birth, and other information that will allow us to identify you. We will also ask you for your driver's license or other identifying documents.

By signing below I/we hereby make application for membership in, and agree to abide by the bylaws and amendments of Auto-Owners Associates Credit Union. I/we acknowledge receipt of and agree to the terms and conditions of the Electronic Fund Transfers Agreement and Disclosure, Your ability to withdraw Funds Disclosure, the Membership and Account Agreement, Truth-in-Savings Disclosure, Your ability to withdraw Funds Disclosure, the

Authorization

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (TIN), (2) I am not subject to back-up withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to back-up withholding, and (3) I am a United States person (including a U.S. resident alien).

TIN Certification and Backup Withholding Information

TIN Certification, Backup Withholding Information, and Authorization



P.O. Box 30660
Lansing, Michigan 48909

Direct Line: (517) 323-1370

Monday - Friday 8:00 am - 4:00 pm

Welcome to Auto-Owners Associates Credit Union!

To open your account and take advantage of our many products and services, complete and return this completed form to the Credit Union in addition to the following:

- Copy of your driver's license
- Copy of joint member's driver's license, if applicable
- \$5.00 initial deposit

Auto-Owners Associates Credit Union Membership Application

Associate Number: _____ Account Number: _____
(CU Assigned)

Name (First, M.I., Last) _____
(Please Print)

Address _____

City _____ State _____ Zip _____ County _____

Social Security Number _____ DOB _____

Home Phone Number _____ Cell Phone Number _____

Mother's maiden name _____ Email Address _____

Joint Member Name _____ Joint DOB _____

Joint Social Security Number _____ Joint Cell Phone Number _____

I/We authorize the additional products by checking below.

ATM/
Debit Card

Share Draft
(checking)

(debit card requires
a checking account)

E-Statements

Christmas Club

Secondary
Share Account

Designation of Beneficiary

Beneficiary INFORMATION AND PROVISIONS

Upon the death of the owner, or the last surviving owner, if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) listed below who are alive at that time. In addition, each such beneficiary shall have the power to withdraw only his or her equal share of the remaining account balance together with any accumulations on such amount. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

Beneficiary Name _____ Relation _____
(Please Print)

Address _____

City _____ State _____ Zip _____

SS # _____ DOB _____ Phone # _____

Beneficiary Name _____ Relation _____
(Please Print)

Address _____

City _____ State _____ Zip _____

SS # _____ DOB _____ Phone # _____

Overdraft Protection

If a draft written on my share draft account produces an overdraft NSF (Non-Sufficient Funds), I/we hereby give permission for the amount of the NSF and overdraft fee, to be transferred from my share account(s) to my share draft account. This will prevent the NSF from being returned. If funds are not available in my share/savings account, I understand that the check(s) will be returned and an NSF fee will be charged. Overdraft protection will only be attached to your Share account unless additional share suffixes are requested.

(Check here for Overdraft Protection on your Share Draft Account)