

CULANE

MEMBERSHIP AND SHARE ACCOUNT STATEMENT

The Acadia Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto on either side of this card 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 with all accumulations thereon, together with the proceeds of any insurance on said account, are and shall be owned by them jointly and be subject to the withdrawal or receipt of any of them, and payment to any of them. On the death of a joint owner, the balance in the account will belong to the surviving joint owner(s).

Any or all of said joint owners may pledge all or any part of the shares in the account as collateral security to a loan or loans, except by written notice to said credit union which shall not affect transactions therefore made.

I hereby make application for membership and agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate & Fee Schedule, Funds Availability Policy Disclosure, and conform to its laws and amendments thereof and subscribe for at least one share.

I acknowledge receipt of the disclosures applicable to all accounts and/or services herein. If any EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I understand and agree that the USA PATRIOT ACT obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

X _____ X _____
 _ Account Owner's Signature Date Account Owner's Signature Date

This application approved by the Credit Union

Date _____ Signature _____
(Authorized Official)

Dealership Signature Driver's License No. Date Issued

ID verified

TAXPAYER IDENTIFICATION NUMBER (TIN) CERTIFICATION

Internal Revenue Service (IRS) Instructions to signer:

1. You must sign the certification below or backup withholding will apply.
2. You must cross out item (2) in the certification language below if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.
3. If you are currently subject to backup withholding and you are merely providing your TIN to the Requester (the Credit Union), you must cross out item (2) before you sign.
4. Cross out item 3 and complete a W-B BEN if you are not a U.S. person.

Certification – The following applies to each signer on the account.

Under penalties of perjury, I certify:

1. That the number shown on the membership card is my correct taxpayer 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.
3. I am a U.S. person (including a U.S. resident alien).

(Date) _____) Authorized Signature) _____

ACCOUNT OWNERSHIP

Single Party Multiple Party with Survivorship Multiple Party without Survivorship See Account Certification Card
 Designate Specific Account(s) Designate Specific Account(s)

Account Owner _____ TIN _____
Address _____ ID Type and No. _____
Date of Birth _____
Phone Home _____ Work _____ Mother's Maiden Name _____
Co-Owner _____ TIN _____
Address _____ ID Type and No. _____
Date of Birth _____
Phone Home _____ Work _____ Mother's Maiden Name _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All accounts Designate specific account(s)
Beneficiary _____ Beneficiary _____
Address _____ Address _____

UTMA/UMA (as custodian for _____ (minor) under the
Uniform Transfers/Gifts to Minor Act) Minor's TIN# _____ Specific Account (s) _____

Agency Name of Agent _____ All Accounts Designate specific account(s)
Member _____ Account No. _____
Address _____ TIN _____
ID Type & No. _____
Date of Birth _____ Mother's Maiden Name _____
Phone Home () _____ Work () _____
Employment _____

ACCOUNT TYPE

Share/Savings _____ ACCOUNT OWNER Share Certificate _____ ACCOUNT OWNER Other _____ ACCOUNT OWNER
 Share Draft/Checking _____ ACCOUNT OWNER Money Market _____ ACCOUNT OWNER Other _____ ACCOUNT OWNER

Payroll Deduction/Direct Deposit ATM Card/EFT Service _____
 Overdraft Protection (Transfer Priority) Other _____