

CREDIT UNION
ACCOUNT OWNERSHIP AGREEMENT

ACCT.#

Party(ies):

Name of Member/Joint Account Holder
Name of Joint Account Holder
Name of Joint Account Holder

Account Type:(check only one)

Share (Savings) Account
Share Draft (Checking) Account
Share Certificate Account
Club Share (Savings) Account
Other:

This account is subject to the Terms and Conditions provided below. If jointly held, check the applicable box: any one of the Account Holders or any of the Account Holders may transact business on this account or pledge the account as security for obligations to Credit Union.

X Member/Joint Account Holder's Signature Date

X Member/Joint Account Holder's Signature Date

X Member/Joint Account Holder's Signature Date

Jointly Held Account: THIS ACCOUNT/CERTIFICATE IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).

Form of Ownership: (check only one)

Solely Held Account: THIS ACCOUNT/CERTIFICATE IS OWNED BY THE PARTY NAMED HEREON.

Solely Held Account, with P.O.D. Beneficiaries: THIS ACCOUNT/CERTIFICATE IS OWNED BY THE PARTY NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED BELOW.

Jointly Held Account, with P.O.D. Beneficiaries: THIS ACCOUNT/CERTIFICATE IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED BELOW.

Terms and Conditions:

I/We understand and agree that payment of any withdrawal shall be subject to the bylaws of Credit Union, any restrictions or limitations imposed by the applicable law, and these and other terms and conditions applicable to this account, as amended from time to time. I/We grant Credit Union a security interest in this account to secure all obligations any of us may owe to Credit Union, now or in the future, and consent to the Credit Union applying any amount held in the account to the debt(s) to Credit Union of any party(ies) to the account. This account is nontransferable and shall earn dividends as determined by the policy of the Credit Union board of directors. Any P.O.D. or joint account survivorship feature of this account shall apply without regard to any requirement to survive an event by any specified period.

The following agreements/disclosures were provided upon opening of this account:

Account Agreement brochure Truth in Savings Funds Availability
Electronic Fund Transfer Privacy Other:

Payable on Death Beneficiaries (This section not valid unless P.O.D. designation above is checked when this document is signed.)

Full Legal Name of Beneficiary SSN or Relationship
Full Legal Name of Beneficiary SSN or Relationship
Full Legal Name of Beneficiary SSN or Relationship

Taxpayer Identification Number & Certification
Under penalty of perjury I certify that: (1) is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup 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 backup 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 backup withholding, and (3) I am U.S. person (including a U.S. resident alien). (You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.)
Signature X Date

Power Of Attorney/Agent Designation - Optional

Name of Agent Agent's Address
Signature of Agent City State Zip Phone

Transactions regarding this account/certificate may be made by the Agent named hereon. No present or future ownership or right of survivorship is conferred by this designation. The authority of this Agent is exercisable, notwithstanding the legal disability of any party. Until the Credit Union receives written notice of revocation, the designated Agent is authorized to make withdrawals of any sum from my/our account in accordance with terms and conditions disclosed by Credit Union, and to give receipts therefor. ALL PARTIES TO THE ACCOUNT MUST SIGN BELOW FOR VALID DESIGNATION.

Signature of Account Holder Date Signature of Account Holder Date
Signature of Account Holder Date

STATE OF WISCONSIN
COUNTY OF }

This Power of Attorney/Agent Designation was acknowledged before me on

by

My commission expires: Notary Public

Termination of Power of Attorney /Agency Designation: (Any party may revoke designation of Agent.) The Agent's authority is hereby terminated.