



9600 Ormsby Station Road
 Louisville, KY 40223
 (502) 429-4955

**MEMBERSHIP AND ACCOUNT
 APPLICATION AND ACCOUNT CARD**

Check One:	New Application	Change in Account
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PLEASE TELL US ABOUT YOURSELF

<p>I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNT:</p> <p>Regular Share Savings Club Account Regular Checking Rewards Plus Checking Escrow Account CIA and CCIA IRA Savings Share Certificate Account Builder</p> <p>Share Certificate with the following term: 6 months 12 months 24 months 36 months 48 months 60 months</p> <p>IRA Certificate with the following term: 6 months 12 months 24 months 36 months 48 months 60 months</p>	<p>Credit Union Use Only: Member No. _____ Account No. _____</p>
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I AM:

An Existing Member. My member or account number is: _____

A New Member. I qualify for membership because I:
 reside work worship volunteer attend school in _____ County
 I reside in the same household.
 Current member name: _____ Relationship to current member: _____
 I am employed at one of the following companies: _____

I AM THE PRIMARY ACCOUNT OWNER. MY INFORMATION IS AS FOLLOWS: (existing members need only complete name & SSN)

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY	STATE ZIP
YEARS AT RESIDENCE	RENT OWN	MONTHLY PAYMENT \$	DRIVER'S LICENSE NUMBER	STATE OF ISSUE DATE OF BIRTH PLACE OF BIRTH
I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: Government-issued ID Card, No. _____, State: _____ U.S. Military ID Card, No. _____ U.S. Passport, No. _____ Permanent Resident Card, No. _____ Other, Describe: _____				
EMPLOYER'S NAME AND ADDRESS		OCCUPATION	POSITION/TITLE	GROSS MONTHLY SALARY
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS

I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT (do not complete if you will be the only owner on the account):

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY	STATE ZIP
YEARS AT RESIDENCE	RENT OWN	MONTHLY PAYMENT \$	DRIVER'S LICENSE NUMBER	STATE OF ISSUE DATE OF BIRTH PLACE OF BIRTH
I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: Government-issued ID Card, No. _____, State: _____ U.S. Military ID Card, No. _____ U.S. Passport, No. _____ Permanent Resident Card, No. _____ Other, Describe: _____				
EMPLOYER'S NAME AND ADDRESS		OCCUPATION	POSITION/TITLE	GROSS MONTHLY SALARY
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS

**IF YOU HAVE ADDITIONAL JOINT OWNERS, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION.
 ALL JOINT OWNERS MUST SIGN THIS APPLICATION.**

(Optional) I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die)*:

POD BENEFICIARY NAME			PERCENT	
ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
POD BENEFICIARY NAME			PERCENT	
ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
POD BENEFICIARY NAME			PERCENT	
ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
POD BENEFICIARY NAME			PERCENT	
ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.

* If more than one POD beneficiary is designated on the Account Card, the total percentage for all beneficiaries must add up to 100%. If the total percentage does not equal 100%, the percentages will be adjusted pro-rata among designated POD beneficiaries to 100%. If no percentage is indicated, designated beneficiaries will share equally. A POD may not be an owner of the account. This POD designation is incorporated as a part of your Membership Agreement with Jefferson County Federal Credit Union.

ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:

Debit/Check Card attached to my Checking Account (use at ATMs and for purchases at places that accept the Card) Attach also to Savings
 Additional Card for Joint Owner. Attach also to Savings on Joint Owner's card

E-Statements: Yes, send me my statements in electronic format to my e-mail address listed below. I understand that I will not receive paper statements via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Statement service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the statements in PDF format. Please send statements to the following e-mail address: _____

E-Notices: Yes, send me notices such as change-in-terms or certificate renewals in electronic format to my e-mail address listed below. I understand that I will not receive paper notices via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Notice service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the notices in PDF format. Please send notices to the following e-mail address: _____

Audio Response is available to all members by phoning (502) 429-4955.

Home Banking and Bill Pay are available by logging on to our website and following the instructions.

OVERDRAFTS

Please tell us how you would like overdrafts to be treated by completing the following:
 (You must complete BOTH this section and the separate "What You Need to Know about Overdrafts and Overdraft Fees" form)

1. **Overdraft Protection Plan.** Under the Overdraft Protection Plan, I may authorize you to pay transactions that would cause an overdraft of my checking account by transferring funds from an existing savings account. If I elect Overdraft Protection, you will look to this plan for funds to cover my overdrafts before you use your standard overdraft procedures. If I choose not to elect Overdraft Protection, or I have insufficient funds in my account, then your standard overdraft practices will govern. Under those practices, you may (but don't have to) pay checks and automatic bill payments that cause overdrafts; if you do so, you will charge me a fee. If an ATM transaction or one-time debit card transaction causes the overdraft, I must tell you if I want you to pay such transactions or to decline such transactions. (See separate "What You Need to Know About Overdrafts and Overdraft Fees".)

Yes, I would like Overdraft Protection. Please pay any overdrafts in my checking account by withdrawing deposit account funds as follows:
 _____ Regular Share Savings Account

I will be charged a fee for this service. See Rates and Fees Schedule.

No thanks; I will use your standard overdraft practices.

2. **Standard Overdraft Practices.** Please complete the separate "What You Need to Know About Overdrafts and Overdraft Fees" document.

TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

<input type="checkbox"/> I am not subject to backup withholding due to failure to report interest and dividend income	<input type="checkbox"/> I am subject to backup withholding
<input type="checkbox"/> I am a U.S. Citizen	<input type="checkbox"/> I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

AUTHORIZED SIGNATURES

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and Visa Disclosures and to any amendments made thereto.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

IMPORTANT NOTICE 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. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying information.

THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

CREDIT UNION USE ONLY

CIP: Verification Completed by: Document described in App
 Non-Documentary 3rd Party Verification (credit bureau, etc. - describe:)
 Reference from _____ Contacted member by Phone Mail E-mail
 Discrepancy/Not Verified (describe): _____ TIN Applied for but not yet received

Services approved: Check Card ATM Card Overdraft Protection
 Special Account - additional paperwork received

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ (date) by _____
 _____ (name of person acknowledged).

 Notary Public
 Title (and Rank): _____
 Print Name: _____
 (Seal, if any)

My commission expires: _____