

Membership Application

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 ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We may also contact your employer to verify the information provided by you.

Simply complete this application (**please print**) and send it to the credit union. Include \$25 which will be deposited into your new Share (Savings) Account.

Account # _____

Applicant's First Name, M.I., Last Name _____

Social Security # or Tax I.D. # _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Residence Address (if different than address given above) _____

Date of Birth _____ Home Phone # _____

E-mail Address _____

Cell Phone # _____ Work Phone # _____

Employer (Name, City, State) _____

Employer's Phone # _____

Membership Eligibility (check one)

Employment: Family Member:

List name and relationship of member recommending you

W-9 FORM - INTERNAL REVENUE SERVICE

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (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 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 a U.S. person (including a U.S. resident alien). **Instructions:** 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. Cross out item (3) and complete the appropriate W-8 form if you are not a U.S. citizen (a non-resident alien or a foreign entity not subject to backup withholding).

Any financial service provided by UGI EFCU may be used for any transaction permitted by law. You agree that illegal use of any financial service will be deemed an action of default or breach of contract. Use of any financial service in a manner not permitted by law may cause that service or related services to be terminated at UGI EFCU's discretion. You further agree, should illegal use occur, to waive any right to sue UGI EFCU for such illegal use or any activity directly or indirectly related to it. Additionally, you agree to indemnify and hold UGI EFCU harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use.

Signature

I apply for membership in UGI EFCU and agree to the conditions stated in the Agreements and Disclosures, the bylaws, rules and regulations of the credit union.

Applicant's Signature _____ Date _____

Joint Share Account Agreement (Not Transferable)

UGI Employees Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or transaction of any business for this account. The joint owners of this account hereby agree with each other and said Credit Union that all sums now paid in on shares or heretofore paid in on shares by any or all of said joint owners to their credit as such joint owners with 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 or survivors shall be valid and discharge said Credit Union from any liability for each payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. Any or all said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from this credit union. 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 transactions theretofore made.

Joint Owner #1's First Name, M.I., Last Name _____ Social Security # or Tax I.D. # _____

Mailing Address (if different from primary applicant's) _____ City _____ State _____ Zip _____

Physical Residence Address (if different than address given above) _____

Date of Birth _____ Home Phone # _____ E-mail Address _____ Work Phone # _____

Employer (Name, City, State) _____ Employer's Phone # _____

Relationship to Primary Applicant _____

Joint Owner #2's First Name, M.I., Last Name _____ Social Security # or Tax I.D. # _____

Mailing Address (if different from primary applicant's) _____ City _____ State _____ Zip _____

Physical Residence Address (if different than address given above) _____

Date of Birth _____ Home Phone # _____ E-mail Address _____ Work Phone # _____

Employer (Name, City, State) _____ Employer's Phone # _____

Relationship to Primary Applicant _____

Signature(s)

We apply for membership in UGI EFCU and agree to the conditions stated in the Agreements and Disclosures, the bylaws, rules and regulations of the credit union.

Applicant's Signature _____ Date _____

Joint Owner #1's Signature _____ Date _____

Joint Owner #2's Signature _____ Date _____

For Credit Union Use Only

Documentary Verification

Employer ID Card # _____ Sponsor Company _____ Issue Date _____ Expiration Date _____

Driver's License # _____ State _____ Issue Date _____ Expiration Date _____

Passport # _____ Date _____ Country _____ Expiration Date _____

State College ID # _____ College Name _____ Issue Date _____ Expiration Date _____

State ID Card # _____ State of Issue _____ Issue Date _____ Expiration Date _____

U.S. Military ID Card # _____ Service Branch _____ Issue Date _____ Expiration Date _____

Verified on _____ By _____

(or) Non-Documentary Verification

Ran ID Verification _____ Risk Level _____

Phoned employer. Employer's Name _____ Spoke with _____ Title _____

Verified on _____ By _____

Discrepancy

Describe any discrepancy in the identity information provided above discovered through the identity verification process and the resolution of the discrepancy:

Government Lists Checked

OFAC Treasury CIP List (when available)

Verified on _____ By _____

This application approved by the:

Board; Executive Committee; Membership Officer (check one)

Signature: _____ Date _____