



**Expree Credit Union**  
 100 Moore Drive  
 Frankfort, KY 40601  
 (502) 564-5597 or (833) 439-7733

**MEMBERSHIP AND ACCOUNT APPLICATION AND ACCOUNT CARD**

<b>Check One:</b>	<input type="checkbox"/> New Application	<input type="checkbox"/> Change in Account
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**PLEASE TELL US ABOUT YOURSELF**

<b>I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNT:</b>							Credit Union Use Only: Member No. _____
Share Savings	Holiday Club	Vacation Club	Kids Club				
Money Market	IRA Savings	Share Draft Checking					
Share Certificate with the following term:							
6 months	12 months	18 months	24 months	36 months	48 months	60 months	
IRA Certificate with the following term:							
6 months	12 months	18 months	24 months	36 months	48 months	60 months	

**I AM:**

**An Existing Member. My member or account number is:** \_\_\_\_\_

**A New Member.** I qualify for membership because I:  
 reside \_\_\_\_\_ work \_\_\_\_\_ worship in \_\_\_\_\_ County.  
 I am an immediate family member of a current member.  
 Current member name: \_\_\_\_\_ Relationship to current member: \_\_\_\_\_  
 I am employed at one of the following companies: \_\_\_\_\_

**I AM THE PRIMARY ACCOUNT OWNER TRUSTEE 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
MAILING ADDRESS (if different)				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		

**JOINT OWNER ADDITIONAL TRUSTEE ON MY ACCOUNT** (do not complete if you will be the only owner on the account):

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY NUMBER	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 OR TRUSTEES, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION. ALL JOINT OWNERS OR TRUSTEES MUST SIGN THIS APPLICATION.**

<b>(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):</b>				
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER
				SOCIAL SECURITY NO.

**Trustee Account** (Complete if you are a Trustee applying for an account on behalf of a Trustee).

TRUST ACCOUNT INFORMATION	
This account is being opened on behalf of a living trust.	
Legal Name of Trust: _____ _____ _____	Trust TIN: _____
Name of Trustee: _____	Name of Trust: _____
Name of Grantor (if different than Trustee): _____	
Eligibility for membership of Grantor (if Grantor is different than Trustee): _____	
Name of Beneficiary: _____	Relationship to Grantor: _____
Beneficiary SSN: _____	
Beneficiary Address: _____	
Beneficiary's Eligibility for Membership: _____	
<i>Please provide your Trustee information above.</i>	
<p><b>Trustee Certification &amp; Agreement.</b> By signing this Application, Trustee (whether one or more) certifies that he/she is the duly authorized Trustee for the Trust named herein, and is duly authorized to open accounts, transact business, encumber or pledge Trust accounts and assets, and execute agreements with the credit union. Trustee and any Successor Trustee agrees to present appropriate and complete Trust documents and any other documentation as requested by credit union from time to time.</p> <p>Under the terms of the document(s) creating and governing the trust, any one trustee (including a successor trustee that has assumed the role of trustee) is authorized without limitation to make any instruction or execute any transaction on an account owned by the trust as if the trustee owned the account personally and alone. The trustee certifies that the terms of the trust documents are not in conflict with any term contained in this document. Trustee understands and agrees that the accounts listed above are owned by the Trust.</p> <p>The credit union is authorized to comply with the direction of any one trustee concerning any transaction or instruction on an account. Requests for withdrawal, orders for payment or other transactions on the trust's account(s) evidenced by the trustee's signature may be honored even if the trustee omits the title "trustee" from his or her signature or otherwise fails to indicate a representative capacity, the intent being that the trustee is acting in a representative capacity. We have no duty to inquire or investigate regarding the use or purpose of any transaction or the propriety or impropriety of any action taken by the Trustee.</p> <p>The credit union reserves the right to require written consent of all trustees for any transaction on an account, including a transfer or withdrawal of funds, or for a change or termination of an account. If the credit union receives notice concerning a dispute over an account or inconsistent instructions from trustees, the credit union may suspend or terminate the account or require a court order or written consent from all trustees to act. The trustee(s), personally and as representative for the trust, agrees to indemnify and hold the credit union harmless from any and all claims, suits, actions, damages, judgments, liabilities, losses, costs, charges and expenses, including court costs and attorney's fees that the credit union shall or may sustain resulting from a trustee's misconduct or misrepresentation.</p> <p>By signing this Application, Trustee agrees and understands that he is signing on behalf of the Trust and has no voting rights in the Credit Union in connection with his representative capacity and must qualify in his personal capacity in order to become a member of the Credit Union.</p>	

ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:
<p><b>Debit/Check Card</b> attached to my Checking Account (use at ATMs and for purchases at places that accept the Card)</p> <p>Additional Card for Joint Owner.</p> <p><b>Debit/Check Card</b> (use to withdraw money at ATMs) attached to my</p> <p>Share Savings Account</p> <p>Secondary Share Savings Account</p> <p>Additional Card for Joint Owner</p> <p><b>E-Statements:</b> 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: _____</p> <p><b>E-Notices:</b> 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: _____</p> <p><b>Audio Response</b> is available to all members by phoning (502) 226-5328 or (502) 564-5597 option 3.</p> <p><b>Home Banking and Bill Pay</b> are available by logging on to our website and following the instructions.</p>

**OVERDRAFTS**

Please tell us how you would like overdrafts to be treated by completing the following:  
(You must complete BOTH this section and the "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 to cover the overdrafts, 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 "What You Need to Know About Overdrafts and Overdraft Fees" attached to this Application.)

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

(indicate the order you would like funds transferred by placing 1 for first choice, 2 for second choice, etc. If there are not sufficient available funds in your first choice, then funds will be transferred from your second choice, etc.):

Regular Share Savings Account       Secondary Share Savings Account

I will be charged a fee for this service in the amount of \$4.00

No thanks; I will use your standard overdraft practices.

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

**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):

I am not subject to backup withholding due to failure to report interest and dividend income       I am subject to backup withholding

I am a U.S. Citizen       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 (Do Not Print)	PRIMARY ACCOUNT OWNER	TRUSTEE	DATE
X			

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

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

SIGNATURE OF (Do Not Print)	JOINT ACCOUNT OWNER	TRUSTEE	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      Overdraft Protection      Special Account - additional paperwork received