



MEMBERSHIP APPLICATION

Member Services: 815-267-7700 ♦ Fax 815-267-7701
Toll Free 1-866-I OWN ACU (1-866-469-6228)

Last Name	First Name	Middle	Account #	Date
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MEMBER INFORMATION (Please print. Complete all sections.)

Street Address (Can not be a PO Box)		Social Security Number
City / State / Zip		Date of Birth
Home Phone		<input type="checkbox"/> Work or <input type="checkbox"/> Cell Phone
Do You: <input type="checkbox"/> OWN <input type="checkbox"/> RENT	Years at Residence	Mother's Maiden Name
Driver's License Number and State		E-mail Address
Employer	Position / Title	Years Employed

ELIGIBILITY (I am eligible to join Argonne Credit Union because I...) PLEASE CHECK ONE

<input type="checkbox"/> Live / Work in <input type="checkbox"/> DuPage County <input type="checkbox"/> Will County <input type="checkbox"/> Other _____	
<input type="checkbox"/> Am an employee or user of: <input type="checkbox"/> Argonne National Lab <input type="checkbox"/> Fermi National Lab <input type="checkbox"/> Idaho National Lab	
<input type="checkbox"/> Am a relative of a member of Argonne Credit Union	
Name of Relative:	Relationship:

OWNERSHIP OF ACCOUNT PLEASE CHECK ONE

<input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship <input type="checkbox"/> Illinois Uniform Transfers to Minors Act Account (UTMA)

JOINT OWNER INFORMATION (Complete this section if you want to add a Joint Owner)

Last Name	First Name	Middle	Last Name	First Name	Middle
Street Address			Street Address		
City / State / Zip			City / State / Zip		
Home Phone		Business Phone	Home Phone		Business Phone
Social Security Number		Date of Birth	Social Security Number		Date of Birth
Driver's License Number / State			Driver's License Number / State		

BENEFICIARY INFORMATION

Last Name	First Name	Middle	Last Name	First Name	Middle
Street Address			Street Address		
City / State / Zip			City / State / Zip		

CUSTODIAL INFORMATION (Complete this section if this is a UTMA Account)

If you checked the box on the first page that specifies this account type, you agree to be bound by the Act in effect in the state of Illinois.

Last Name	First Name	Middle	Social Security Number
Street Address			Date of Birth DL# and State
City / State / Zip			Home Phone

SELECT YOUR ACCOUNTS AND/OR SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on the card apply to all of the accounts and services listed below unless the credit union is notified in writing of a change.

ACCOUNTS	SERVICES
<input type="checkbox"/> Prime Shares (Required) _____ <input type="checkbox"/> Additional Share Accounts _____ <input type="checkbox"/> Smart Checking _____ <input type="checkbox"/> Dividend Checking _____ <input type="checkbox"/> Premier Money Market _____ <input type="checkbox"/> Premier Plus Money Market _____ <input type="checkbox"/> Holiday Club Account _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> E-Statements <input type="checkbox"/> Home Banking <input type="checkbox"/> Audio Response Teller (ART) <input type="checkbox"/> Direct Deposit / Payroll Allocation <p style="text-align: center;">CHECKING ACCOUNT SERVICES</p> <input type="checkbox"/> Visa Check Card <input type="checkbox"/> Member <input type="checkbox"/> Joint Owner(s) <input type="checkbox"/> Bill Pay <input type="checkbox"/> Overdraft Protection (1) _____ (2) _____ (3) _____

SIGNATURES AND CERTIFICATIONS

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 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 a U.S. person (including U.S. resident alien)

Certification 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 a W-8 BEN if you are not an U.S. person.

By signing below, I have applied for membership in the credit union; certify that the information on this membership agreement is complete and true; acknowledge receipt and agree to the terms and conditions contained in the Account Information Brochure, Truth-in-Savings, Privacy Disclosure, Electronic Funds Disclosure and Funds Availability Policy Disclosure, and to any amendments the Credit Union makes from time to time. I/We authorize the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit-reporting agency.

PROXY By checking this box, the member does hereby constitute and appoint the members of the Board of Directors of this Credit union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the member is entitled, for the election of directors, mergers and matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

I acknowledge that my deposit accounts are insured up to \$250,000 per account by American Share Insurance, the nation's largest private deposit insurer. Furthermore, I acknowledge that this institution is not federally insured and if the institution fails, the Federal Government does not guarantee that I will get back my money.

“The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.”

MEMBER SIGNATURE	DATE	JOINT OWNER SIGNATURE	DATE
X		X	
		JOINT OWNER SIGNATURE	DATE
		X	



Your deposits are insured up to \$250,000 per account. By member choice, this institution is not federally insured.