

Dear Potential Credit Union Member,

Please complete the attached account card, front and back. If you are an Empire employee, your account number is typically your employee number, unless that number is already taken in the Credit Union's system. If you wish to have a joint account owner, please complete the joint owner section on the back of the form. All account owners must sign where indicated.

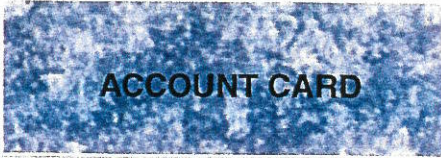
You MUST list a beneficiary. Choose the Payable on Death option and fill in the Beneficiary/POD Payee name and address of the person(s) you designate for the funds in the account in the event of your death. Please return the account card with your \$5.00 opening deposit and payroll deduction instructions (Empire employees only).

All account owners must complete the first page of the Member Identity and Verification page and provide a copy their Driver's License. If you do not present the application for membership to the Credit Union in person, your signature must be notarized on the bottom of the form.

If you have any questions, please contact any employee of the Credit Union staff at 480-633-4435.

Thank you for your cooperation.

EM FEDERAL CREDIT UNION
 50 W Iron Avenue
 Mesa, AZ 85210
 Ph: (480) 633-4435



ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No:

Member/Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

Listed Unlisted

Work Phone: _____ Employer: _____

Membership Eligibility: _____ E-mail: _____

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 (or I am waiting for a number to be issued), 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 a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

X	Signature _____	Date _____	X	Signature _____	Date _____
X	Signature _____	Date _____	X	Signature _____	Date _____

LOANLINES

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit: _____ ATM Card: _____
- Overdraft Protection (Indicate transfer priority): _____ Debit Card: _____
- _____ Audio Response: _____
- PC Access/Internet Banking: _____ Other: _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual
- Joint Account with Rights of Survivorship
- Joint Account without Rights of Survivorship

Joint Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

Listed Unlisted

Password: _____

Work Phone: _____ E-mail: _____

Joint Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

Listed Unlisted

Password: _____

Work Phone: _____ E-mail: _____

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account
 - All Accounts Designate Specific Accounts: _____

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

- UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____

- Agency Print Name of Agent: _____
- Signature: _____ Date: _____

- All Accounts Designate Specific Accounts: _____

- Other: _____ See Account Authorization Card

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card

Date of Membership: _____ Opened /App'd by: _____ Member Verification: _____

- Credit Report Check Verify PIN Request
- Access Card Audio Response PC Access/Internet Banking

MEMBER IDENTITY INFORMATION & VERIFICATION CARD

EM FEDERAL CREDIT UNION

50 W Iron Avenue
Mesa, AZ 85210
Ph: (480) 633-4435

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.

MEMBER IDENTITY INFORMATION

Member/Owner: _____ Member No: _____ Date of Birth: _____

Mailing Address: _____ City/State/Zip: _____

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

Occupation (for individual): _____ Employer: _____

Nature of Business (for business): _____

GOVERNMENT ISSUED IDENTIFICATION NUMBER

SSN/EIN: _____

If you do not have a SSN/EIN you must provide AT LEAST ONE of the following:

Individual Taxpayer Identification Number: _____ Alien Identification Number: _____

Passport Number: _____ Country: _____

Other Government Issued Document No: _____ Country: _____
(with photograph or similar safeguard)

Describe Document: _____

NOTARY INFORMATION

Complete if required by your credit union:

I certify that the information provided above is my true and correct identity information.

Signed _____ DATE _____
MEMBER/OWNER

State of _____, County of _____

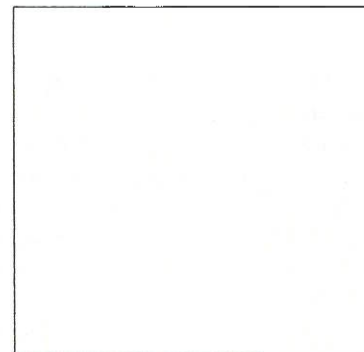
City, Town, Village of _____

This person named hereon personally came before me and signed above on this, the _____ day of _____, 20____.

My commission expires on _____, 20____.

NOTARY SIGNATURE _____

For Notary Seal
(or, use this area if
credit union requires a thumb print
identification)



PRINTED NAME _____

LOANLINER

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FOR CREDIT UNION USE ONLY:

DOCUMENTARY VERIFICATION

Individuals

- Driver's License No: _____ State: _____ Issue Date: _____ Exp. Date: _____
- Student ID No: _____ School: _____
- Passport No: _____ Date: _____ Country: _____ Exp. Date: _____
- Employee ID No: _____ Employer: _____
- Other Document No: _____ Describe Document: _____
Issuing Authority: _____ Issue Date: _____ Exp. Date: _____

Businesses and Other Organizations

- Certified Articles of Incorporation Dated: _____ State: _____
- Partnership Agreement Dated: _____ Names of Partners: _____
- Business License No: _____ Date: _____ Issuing Authority: _____ Exp. Date: _____
- Trust Instrument Dated: _____ Name of Grantor(s): _____
- Other documents showing existence of entity (Describe.): _____
- Financial Statement of Business (Describe business.): _____

NON-DOCUMENTARY VERIFICATION

- Third Party Verification (credit bureaus, public data bases) Source: _____
- Obtained References from Other Financial Institutions Name: _____
- Contacted Member by: Phone Mail E-Mail
- Other Sources: _____

DISCREPANCY DOCUMENTATION

State any discrepancy in the identity information provided above discovered through the identity verification process and the resolution of the discrepancy. _____

STAFF COMPLETION DOCUMENTATION

Verification Completion Date: _____ By: _____
Government List(s) Checked: Treasury CIP List OFAC Other: _____
List Verification Completion Date: _____ By: _____

CREDIT UNION TIPS

- 1) Members seeking to open a new account must have their identity verified. An account is a formal banking or business relationship established to provide services, dealings or financial transactions.
Examples of products or services that constitute an account are as follows:
 - Opening share, saving, certificate, IRA, or other asset accounts
 - Opening a credit account or other extensions of credit
 - Safety deposit boxes or other safekeeping servicesAn account does NOT include:
 - Check cashing
 - Wire transfer
 - Check or money order sales
- 2) If a member does not have a residential or business street address, collect the APO (Army Post Office) or FPO (Fleet Post Office) or street address of next of kin or other contact.
- 3) If a foreign business does not have a TIN, you must obtain an alternative government issued document certifying the existence of the business or enterprise.
- 4) If a member does not have a TIN but has applied for a TIN, you may open the account by confirming the application was filed and the member gets the TIN within a reasonable time after the account is opened.
- 5) When the identity of a business or organization cannot be verified, your credit union's Customer Identity Program must contain procedures for obtaining and verifying identity information of individuals with authority or control over the account, including signatories.
- 6) Credit unions must determine whether the member appears on any list of known or suspected terrorists or terrorist organizations. The lists are issued by a federal

**E M FEDERAL CREDIT UNION
PAYROLL DEDUCTION AUTHORIZATION**

Employee Name & Number		Start	
		Effective Date	Amount Per Paycheck
		<input type="checkbox"/> Next Pay Period	
		<input type="checkbox"/>	

I hereby authorize a Payroll Deduction, in the amount of \$_____ each paycheck, for the following purpose:

Credit Union savings and/or loans repayment (as stated below)

Employee Signature

Date

Credit Union

Date