

**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 for you: 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 may also ask to see your driver's license or other identifying documents.

First Name		Middle Initial	Last Name		Social Security Number	
Home Address					City	
State	Zip Code	Home Phone		Cell Phone	Date of Birth	
Personal Email Address				Work Email Address		
Mailing Address (if different from above address)						
Employer			Work Phone		Lux ID (if applicable)	
Membership Eligibility: CSC Eyemed Ilori LensCrafters License Brands Manufacturing Pearle Vision Sears Optical Sunglass Hut Target Optical Other Family Member of:						
Driver's License Number			State	Issue Date	Expiration Date	
E-statement. For added convenience I would like to receive my statement online.				Confirm e-mail Address		
Account Security Questions: Please Pick Two		Favorite Color		Favorite Pet		Favorite Car
		Mother's Maiden Name		School Graduated		Account Security Password
<b>SIGNER 2 (if applicable)</b>						
Joint Owner		Custodian		Trustee		Other
First Name		Middle Initial	Last Name		Social Security Number	
Home Address					City	
State	Zip Code	Home Phone		Cell Phone	Date of Birth	
Personal Email Address				Work Email Address		
Driver's License Number			State	Issue Date	Expiration Date	
Employer			Work Phone			
Remove Joint Owner: Removing a joint owner requires consent of all owners on the account. We will hold the Credit Union harmless for actions regarding account access. The removed joint owner(s) relinquishes ownership interest including membership share in this account. This relinquishment does not affect my/our obligation on any loan accounts.						
Print name of owner(s) to be removed:			Signature of owner(s) to be removed:			Date
Payable on Death or Beneficiary Designation (optional). Upon the death of the last surviving owner, the funds in Your Account shall become the property of the beneficiary(ies) listed below. You may change the beneficiary(ies) below only with the written consent of all owners to the Account.						
First Name		Middle Initial	Last Name		Relationship	
Home Address					Phone Number	
First Name		Middle Initial	Last Name		Relationship	
Home Address					Phone Number	
<b>TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION</b>						
Under Penalties of perjury, I certify that:						
1) The number shown on this form is my correct tax payer 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 a U.S. resident alien).						
<b>Certification Instructions.</b> 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 a U.S. citizen.						
By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement 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 Funds Transfer Agreement. I/we hereby authorize Members Trust FCU the right to pull my/our credit report from the credit bureau. TRANSACTION TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</i>						
Print Name			Signature			Date
Print Name			Signature			Date

Accounts/Services to be Opened				
Savings	Holiday Club	Money Market	Vacation Club	Share Certificate
You Name It	ATM Card (PIN will arrive 5-7 days after card)		Other	

I would like more information on the following products and/or services:				
Car Loan	Home Loan	Visa Credit Card	IRA Account	Other

For Credit Union Use Only					
Date Opened	Opened By	Membership Verification	Ceridian	Family Member	Existing Member
Membership Officer			Date		
Opened S1		Open Additional Suffixes	Enable Audio		Enabled Home Banking
Set up E-statements	Share One	Digital Mailer	Print Ceridian	Set up Payroll	Share One Deduction Card
Chex System		OFAC	Scan ID		ATM/Debit Card
TISA Disclosure	Privacy Notice	Welcome Letter	Account Card	EFT Disclosure	Rate/Service Brochures

## Account Opening Instructions

- Complete all applicable sections and sign Account Card. Please return it to our office by fax, mail or email.
  - Fax Number: 513-765-6078
  - Mailing Address: Members Trust FCU  
4000 Luxottica Place  
Mason, OH 45040
  - Email Address: memberstrust@luxotticaretail.com
- To open an account with Members Trust, **you must provide a copy of your driver's license or state issued identification card**. If faxing, please enlarge and lighten your identification so all information is legible. You may also take a photo of your ID using a smart phone and email the picture to the email address above.
- If Identification address and Account Card address are not the same, please provide a recent billing statement to verify home address.
- A \$5.00 deposit is required to open your membership with any Federal Credit Union. This deposit can be made via check or payroll deduction.

## Additional Requirements

### Savings

- If adding a joint owner, the same information as the primary accountholder must be provided.

### Minor Savings

- Copy of Social Security Card
- Signature of accountholder (If unable to sign, parent may sign as "Mother of" or "Father of".)
- Joint owner is required