



KENTUCKY EMPLOYEES CREDIT UNION

100 Moore Drive
Frankfort, Kentucky 40601
(800) 219-5328 • (502) 564-5597

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:

Member No:

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

Individual Joint Account with Survivorship Joint Account without Survivorship

Street:

SSN/TIN:

City/State/Zip:

Driver's Lic. No:

Home Phone: ()

Listed Unlisted

Date of Birth:

Work Phone: ()

Mother's Maiden Name:

E-mail:

Membership Eligibility:

Employer:

ACCOUNT OWNERSHIP

Joint Owner:

SSN/TIN:

Street:

Driver's Lic. No.:

City/State/Zip:

Date of Birth:

Home Phone: ()

Listed Unlisted

Mother's Maiden Name:

Work Phone: ()

E-mail:

Joint Owner:

SSN/TIN:

Street:

Driver's Lic. No.:

City/State/Zip:

Date of Birth:

Home Phone: ()

Listed Unlisted

Mother's Maiden Name:

Work Phone: ()

E-mail:

Joint Owner:

SSN/TIN:

Street:

Driver's Lic. No.:

City/State/Zip:

Date of Birth:

Home Phone: ()

Listed Unlisted

Mother's Maiden Name:

Work Phone: ()

E-mail:

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Account(s)

Beneficiary/POD Payee:

Beneficiary/POD Payee:

Street:

Street:

City/State/Zip:

City/State/Zip:

UTTMA/UGMA (as custodian for (minor) under the Uniform Transfers/Gifts to Minors Act)

Minor's SSN/TIN:

AGENCY Name of Agent: (please print)

Signature (date)

All Accounts Designate Specific Account(s)

Other: See Account Authorization Card

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 unless the credit union is notified in writing of a change.

Suffix*

Suffix*

Share/Savings

Money Market

Share Draft/Checking

Living Trust

Share Certificate

Other

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number listed above. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority):

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

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 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 US. person (including a 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 a U.S. person.

AUTHORIZATION

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. The terms and conditions of these documents 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. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

<p>X _____ X</p> <p>Signature Date Signature Date</p>	<p>X _____ X</p> <p>Signature Date Signature Date</p>
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<p>X _____ X</p> <p>Signature Date Signature Date</p>	<p>X _____ X</p> <p>Signature Date Signature Date</p>
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FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card

Date of Membership	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking