## Membership Account Card

□ New □ Updated



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# Membership Application and Information

Member	Member No.
Address	
	SSN/TIN
Mailing Address	Drivers Lic. No
	Birthdate
Phone H ()	Mother's Maiden Name
W ()	Employer
C ()	Employer Phone ()
	Occupation

#### Membership Eligibility (Check ONE of the following)

Live Work Worship Attend School : (address)

□ Family/Relative of existing member: (Relative's Name) \_\_\_\_

## TIN Certification & Backup Withholding Information

By signing below, I certify under penalties of perjury that: (1) I am a US citizen or other US person, (2) the Taxpayer Identification Number (TIN)/Social Security Number (SSN) shown is my correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding
 Exempt

□ I am NOT a United States citizen or U.S. person (complete W-8BEN form)

### Authorization

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures & Rate and Fee Schedule, Funds Availability Policy Privacy Policy and Electronic Services Agreement and to any amendment you make 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 above. *The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.* 

Х			Χ	
	Primary Signature	Date	Joint Signature	Date
Х			Х	
	Joint Signature	Date	Joint Signature	Date

# Membership Application and Information

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

Individual	□ Joint wit	Joint with Rights of Survivorship     E-Mail		
Account Owner	E-Mail			
Address		SSN/TIN		
	Driver's Lic	. No		
Phone H ()	Birthdate _			
W ()		Mother's Maiden Name		
C ()	Occupation			
Account Owner		E-Mail		
Address				
	Driver's Lic			
Phone H ()		Birthdate		
W ()	Mother's Ma	Mother's Maiden Name		
C ()	Occupation			
	Account Designation			
<ul> <li>Payable on Death (POD)</li> <li>All Accounts</li> </ul>		Designated specific amount(s)		
Payee/Beneficiary	Payee/Bene	Payee/Beneficiary		
Address		Address		
UTTMA (As custodian for Uniform Transfers to Minors A		(minor) under the Washington		
	Services			
Share Savings	Share Draft	Debit MasterCard		
No	No	No		
Online Banking	Mobile Banking	<ul> <li>Overdraft Transfer</li> </ul>		
	For Credit Union Use On	ıly		
OFAC Verified	Chexsystem Verific	ed		
ID Iss/Exp	ID Iss/Exp			
Date of Membership	Opened/Approved	Ву		
	2	May 2017		