

JOINT OWNER / BENEFICIARY ADDENDUM TO MEMBERSHIP APPLICATION

PRIMARY ACCOUNT HOLDER NAME _____

MEMBER # _____

ACCOUNT AGREEMENT

I/WE AGREE TO CONFORM TO THE CREDIT UNION BY-LAWS, THE TERMS AND CONDITIONS OF THE MEMBERSHIP APPLICATION AND AGREEMENTS & DISCLOSURES (SHARE ACCOUNTS, TRUTH IN SAVINGS, ELECTRONIC SERVICES AND PRIVACY POLICY). I/WE HEREBY APPLY FOR MEMBERSHIP AND I/WE AUTHORIZE KINECTA FEDERAL CREDIT UNION TO VERIFY ALL THE INFORMATION SUPPLIED HEREIN; AND TO VERIFY MY/OUR CREDITWORTHINESS. ALL APPLICANTS MUST PROVIDE TWO FORMS OF VALID IDENTIFICATION INCLUDING A STATE OR U.S. GOVERNMENT-ISSUED PHOTO ID. AS REQUIRED BY FEDERAL LAW, THE CREDIT UNION MUST VERIFY THE IDENTITY OF EACH PERSON SEEKING TO OPEN AN ACCOUNT (INCLUDING JOINT OWNERS AND PERSONS ADDED AS SIGNATORIES TO AN ACCOUNT) AND MUST MAINTAIN RECORDS OF THE INFORMATION USED TO VERIFY EACH PERSON'S IDENTITY. 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.

PRIMARY ACCOUNT HOLDER SIGNATURE: _____ **DATE:** _____

PRIMARY ACCOUNT HOLDER SIGNATURE ON JOINT OWNER / BENEFICIARY ADDENDUM REQUIRED

PRIMARY ACCOUNT HOLDER INFORMATION
 NEW MEMBERSHIP

 ONLINE

 MAIL

 IN BRANCH

 ACCOUNT CHANGE

 BROKER AFFILIATION _____

JOINT OWNER INFORMATION

 (Check all that apply. Only accounts checked will be joint.) Savings Checking Certificate Money Market Holiday Account

LAST NAME	MS. MR. MRS. (circle one)	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY #
DRIVER'S LICENSE, STATE OR OTHER ID# / TYPE / ISSUING AGENCY / EXP DATE		MOTHER'S MAIDEN NAME	DATE OF BIRTH
RESIDENTIAL ADDRESS		CITY	STATE & ZIP
MAILING ADDRESS		CITY	STATE & ZIP
HOME PHONE #	WORK/DAYTIME PHONE #	FAX	E-MAIL ADDRESS
EMPLOYER (IF RETIRED, FORMER EMPLOYER NAME)		SCHOOL / OCCUPATION	RETIRED / UNEMPLOYED / STUDENT (circle one)
EMPLOYER OR SCHOOL ADDRESS			EMPLOYER OR SCHOOL PHONE #
JOINT OWNER SIGNATURE			DATE

JOINT OWNER #2 INFORMATION

 (Check all that apply. Only accounts checked will be joint.) Savings Checking Certificate Money Market Holiday Account

LAST NAME	MS. MR. MRS. (circle one)	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY #
DRIVER'S LICENSE, STATE OR OTHER ID# / TYPE / ISSUING AGENCY / EXP DATE		MOTHER'S MAIDEN NAME	DATE OF BIRTH
RESIDENTIAL ADDRESS		CITY	STATE & ZIP
MAILING ADDRESS		CITY	STATE & ZIP
HOME PHONE #	WORK/DAYTIME PHONE #	FAX	E-MAIL ADDRESS
EMPLOYER (IF RETIRED, FORMER EMPLOYER NAME)		SCHOOL / OCCUPATION	RETIRED / UNEMPLOYED / STUDENT (circle one)
EMPLOYER OR SCHOOL ADDRESS			EMPLOYER OR SCHOOL PHONE #
JOINT OWNER SIGNATURE			DATE

BENEFICIARY INFORMATION

PAY-ON-DEATH PROVISIONS: IN THE EVENT OF MY/OUR DEATH, I/WE HEREBY DESIGNATE THE FOLLOWING BENEFICIARY(IES) TO SHARE EQUALLY. THIS DESIGNATION IS APPLICABLE TO ALL SELECTED ACCOUNTS UNLESS OTHERWISE INDICATED.

PAYEE #2	ADDRESS
DATE OF BIRTH	SOCIAL SECURITY #
RELATIONSHIP	
PAYEE #3	ADDRESS
DATE OF BIRTH	SOCIAL SECURITY #
RELATIONSHIP	

FOR OFFICE USE ONLY

MEMBERSHIP OFFICER APPROVAL	REP#	OFFICE#	DATE
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