

Membership Application

continued

Payable on Death Beneficiary (if you selected POD ownership)

Name _____

First MI Last

Street Address _____

(Please provide residential address, not P.O. Box.)

City/State/Zip _____

Home Phone _____

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 amendment 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 ATM card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. (If you are in default on a financial obligation to us, federal law gives us the right to apply the balance of shares and dividends in your account at the time of default to satisfy that obligation. Once you are in default we may exercise that right without further notice to you.) I certify that I am eligible for membership because of my aforementioned relationship to a family member, employer or volunteer organization. I authorize the Credit Union to check my accounts, credit and employment history, and to obtain a credit report from third parties, including credit reporting agencies, to verify my eligibility for any accounts or services I have requested.

Primary Owner _____

Date _____

Joint Owner _____

Date _____

I WOULD LIKE TO OPEN:

- Checking account
- Savings club account
- IRA
- Share Certificate

How to Join

Fill out the attached membership form and either bring it to the credit union or mail it to us, along with a check for your initial deposit (at least \$5) and a copy of your U.S. state-issued driver's license, state-issued ID card or U.S. passport. If you're eligible for membership in our organization through work, include a copy of your work ID or pay stub. If you're eligible because of volunteer work, please include documentation from the group you volunteer for.

After we have all of the above, we'll open your account and send you more information on our services.



join

MembersFirst Credit Union

Post Office Box 8865
535 Dundalk Avenue
Baltimore, MD 21224

410.633.8850 • 800.313.8452

Fax: 410.633.2120

DART: 410.633.3090

E Mail: mfirstcu@mfirstcu.org
mfirstcu.org

Hours of Operation:

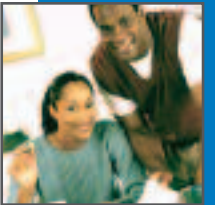
Monday, Tuesday, Wednesday, Friday:
9 a.m. - 4:30 p.m.

Thursday: 11:15 a.m. - 7 p.m.



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Joining Discover the Value



join

MembersFirst
Credit Union

The Credit Union Difference

We are a credit union. As a rule, credit unions offer low interest rates on loans, high interest rates on savings accounts and lower (and fewer) fees than other financial institutions charge. Members First Credit Union is no exception to this rule!

Unlike banks, which exist to make money for their stockholders, credit unions exist to meet the financial needs of the people they serve. We're cooperatives—not-for-profit, democratically run organizations of people who have banded together to give ourselves a better deal than we're going to get from profit-driven financial institutions.

When you open a share savings account, you own a piece of the credit union. At Members First Credit Union, you're not just a customer, you're a member.

Even though we're different from banks, we offer competitive financial services. You'll find everything you need at Members First Credit Union. Just take a look at what we offer.

A Safe Place for Your Money

Looking for a safe place for your savings? Look no further. Each member's deposits are federally insured up to \$100,000 by the National Credit Union Administration (NCUA). IRAs are insured separately by the NCUA to an additional \$100,000.

The Finest in Financial Services

Savings accounts

Besides our Share Savings Accounts, we have holiday and vacation club accounts, share certificates and IRAs.

Checking accounts

With a Members First checking account, you earn dividends without having to meet a minimum balance requirement to avoid a monthly fee. A Visa check card is available for use with the account.

Loans

Our loans come with low rates and a variety of repayment terms. We provide first mortgages, home equity loans, Visa credit cards, personal loans and more. Low-cost disability and life insurance is available with most loans. Along with auto loans, we offer buying services, extended warranties and GAP insurance.

Remote-access services

We let you access your accounts wherever and whenever you need to. These include Direct Deposit, E-Branch, DART, ATM & Visa Check Card.

Other services

Yes, there's more. We also can provide you with American Express Travelers Cheques, wire transfers, money orders, discounted amusement park tickets and entertainment books, free notary services and more. Visit us at mfirstcu.org for additional information.

Yes! I'd like to join Members First Credit Union by opening a Share Savings Account.

Initial deposit made by:

- Payroll Deduction/Direct Deposit
- Cash
- Check or Money Order

Eligibility:

I am eligible for membership through my:

- Employer/Volunteer Organization
Name of Organization _____
- Family Member
Family Member's Name _____

Type of Account Ownership:

- Single Party
- Joint Account with Survivorship
- Payable Upon Death (POD)

Primary Owner Information:

Name _____
First MI Last

Street Address _____
(Please provide residential address, not P.O. Box.)

City/State/Zip _____

Mailing Address _____
(if different from street address)

City/State/Zip _____

Social Security No. _____

Driver's License No. _____
(Indicate state of issuance, number and expiration date.)

Home Phone _____

Work Phone _____

E-mail Address (if applicable) _____

Date of Birth _____ Mother's Maiden Name _____
(DD/MM/YY)

TIN Certification:

Under penalty of perjury, I certify that:

- I AM subject to back-up withholding
- I AM NOT subject to back-up 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). If you are not a U.S. person, complete form W-8 BEN, available from the IRS.

Primary Owner Signature _____

Date _____

Joint Owner Information and Share Agreement

Members First Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares, by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Any or all said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made.

Name _____
First MI Last

Street Address _____
(Please provide residential address, not P.O. Box.)

City/State/Zip _____

Mailing Address _____
(if different from street address)

City/State/Zip _____

Social Security No. _____

Driver's License No. _____
(Please include issued date and expiration date. Needed for Patriot Act.)

Home Phone _____

Work Phone _____

E-mail Address (if applicable) _____

Date of Birth _____ Mother's Maiden Name _____
(DD/MM/YY)

The USA Patriot Act requires verification of identity.