

SECTION 4- JOINT OWNER(S) DESIGNATION

POPA Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business on this account. The joint owners hereby agree with each other and with the 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 as such joint owners with all accumulations thereon are and shall be owned by them jointly with right of survivorship without regard to any party's net contribution and be subject to the withdrawal or receipt by any of them and payment to any of them or the survivors shall be valid and discharge the Credit Union from any liability for such payment. Shares in this account may be pledged as collateral for a loan only at this Credit Union by any or all said joint owners as long as joint owner is a member in his/her own right. 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.

Please designate the Joint Owner(s) below on the following accounts:

- REGULAR SHARES ID: _____ SUB-SHARES ID: _____ SHARE CERTIFICATE ID: _____ HOLIDAY CLUB ID: _____
- SCOTTY SAVERS ID: _____ SHARE DRAFT/CHECKING ID: _____

JOINT OWNER# 1

Name: _____ Date of Birth: _____ SS# or Tax ID: _____
(Last, First, Middle Initial)

Home Address: _____
(No P.O. Boxes allowed) City State Zip

Mailing Address: _____
(If different than above) City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Address: _____ Occupation: _____ Date of Hire: _____

Driver's License or State-Issued ID # _____ State: _____ Expiration Date: _____

Secondary ID: _____ Issued By: _____ Expiration Date: _____

Security Questions:

Mother's Maiden Name: _____ Password: _____

Select a Question: _____ Answer: _____

JOINT OWNER # 2

Name: _____ Date of Birth: _____ SS# or Tax ID: _____
(Last, First, Middle Initial)

Home Address: _____
(No P.O. Boxes allowed) City State Zip

Mailing Address: _____
(If different than above) City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Address: _____ Occupation: _____ Date of Hire: _____

Driver's License or State-Issued ID # _____ State: _____ Expiration Date: _____

Secondary ID: _____ Issued By: _____ Expiration Date: _____

Security Questions:

Mother's Maiden Name: _____ Password: _____

Select a Question: _____ Answer: _____

SECTION 5- SIGNATURE(S)

I hereby make application for membership in and agree to conform to the by-laws (as amended) of POPA FEDERAL CREDIT UNION. I understand that if the information I have provided cannot be verified and/or is invalid, my membership/account ownership eligibility may be terminated/denied by the Credit Union. I acknowledge and agree that the signatures on this form control the ownership of other accounts classified as "sub accounts". I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure, Electronic Services Disclosure and Agreement, and that I have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporate in their entirety into this membership application and account agreement (application). I authorize the Credit Union to contact and inquire my references, my spouse, my employer(s), (past, present, and future) and to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I authorize the Credit Union to furnish information concerning my account and payment history with POPA FCU to credit reporting agencies. I authorize the Credit Union to pay any overdraft items and any fees for Credit Union services from funds subsequently deposited into my account. I agree to the terms and conditions of the Disclosures and Application. I understand that the Credit Union may verify all information I have given on the Application.

Member Signature: _____ Date: _____

Joint Owner #1 Signature: _____ Date: _____

Joint Owner #2 Signature: _____ Date: _____

FOR CREDIT UNION USE ONLY

- ID Verification ChexSystems Membership Eligibility Confirmation _____ Supervisor's Initials, if necessary _____
- OFAC Verification Completed (for all parties) : No Match- all parties Possible Match – see attached
- Disclosures Provided: TISA Disclosure Rate Sheet Schedule of Fees Privacy Policy CA Opt-Out notice EFT Disclosure
- Scanned/Verified: Member 1st and 2nd form of ID _____ Joint #1 1st and 2nd form of ID _____ Joint #2 1st and 2nd form of ID _____
- Accounts opened: _____ (share ID's) Teller # _____ Initials: _____ Date: _____
- Member's other account #s: _____ Reason for opening new acct: _____ Supv. Review Initials: _____

MEMBERSHIP OFFICER REVIEW AND APPROVAL

X Approved by: _____ Date: _____ Account Risk Level: _____
POPA FCU Membership Officer

Comments: _____