

5757 W Thunderbird Rd., Ste E-155
Glendale, AZ 85306
(602) 254-5291 Fax (602) 256-0089
www.bannerfcu.org

Member Number

Account Type(s):	<input type="checkbox"/> Share	<input type="checkbox"/> Checking	<input type="checkbox"/> Holiday Club	<input type="checkbox"/> Miscellaneous Club
	<input type="checkbox"/> IRA Savings	<input type="checkbox"/> Money Maximizer	<input type="checkbox"/> Term Savings Certificate	
Account Ownership:	<input type="checkbox"/> Single Party Account	<input type="checkbox"/> Single Party Account With POD (Pay On Death) Designation	<input type="checkbox"/> Multiple Party Account With Right Of Survivorship	
	<input type="checkbox"/> Multiple Party Account With Right Of Survivorship And POD (Pay On Death) Designation			

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account.

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Primary Member Information

Are You a Non-Resident Alien? Yes No

Full Name (Required)			Social Security Number (Required)		Birthdate (Required)	
Physical Address (Required)		City (Required)	State (Required)	ZIP (Required)	Since (Mo. Yr.)	Do You <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family
Mailing Address (Required)			City (Required)		State (Required)	ZIP (Required)
Home Telephone (Required)	Business Telephone	Cell/Alternative Telephone	Driver's License Number	E-Mail Address		Mother's Maiden Name
Employer Name and Address			Employee Number		Hire Date (Mo. Yr.)	Gross Monthly Income Other Income*

*You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating Your creditworthiness.

Joint Owner 1 Information

Full Name (Required)			Social Security Number (Required)		Birthdate (Required)	
Physical Address (Required)		City (Required)	State (Required)	ZIP (Required)	Since (Mo. Yr.)	Do You <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family
Mailing Address (Required)			City (Required)		State (Required)	ZIP (Required)
Home Telephone (Required)	Business Telephone	Cell/Alternative Telephone	Driver's License Number	E-Mail Address		Mother's Maiden Name
Employer Name and Address					Hire Date (Mo. Yr.)	Gross Monthly Income Other Income*

*You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating Your creditworthiness.

Joint Owner 2 Information

Full Name (Required)			Social Security Number (Required)		Birthdate (Required)	
Physical Address (Required)		City (Required)	State (Required)	ZIP (Required)	Since (Mo. Yr.)	Do You <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family
Mailing Address (Required)			City (Required)		State (Required)	ZIP (Required)
Home Telephone (Required)	Business Telephone	Cell/Alternative Telephone	Driver's License Number	E-Mail Address		Mother's Maiden Name
Employer Name and Address					Hire Date (Mo. Yr.)	Gross Monthly Income Other Income*

*You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating Your creditworthiness.

Joint Owner 3 Information

Full Name (Required)			Social Security Number (Required)		Birthdate (Required)	
Physical Address (Required)		City (Required)	State (Required)	ZIP (Required)	Since (Mo. Yr.)	Do You <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family
Mailing Address (Required)			City (Required)		State (Required)	ZIP (Required)
Home Telephone (Required)	Business Telephone	Cell/Alternative Telephone	Driver's License Number	E-Mail Address		Mother's Maiden Name
Employer Name and Address					Hire Date (Mo. Yr.)	Gross Monthly Income Other Income*

*You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating Your creditworthiness.

Account Beneficiary Designation

Upon the death of the last surviving owner, the funds in Your Account shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below only with the written consent of all owners to the Account.

Name _____ SSN _____ Birthdate _____ Address _____
 Name _____ SSN _____ Birthdate _____ Address _____
 Name _____ SSN _____ Birthdate _____ Address _____
 Name _____ SSN _____ Birthdate _____ Address _____
 Name _____ SSN _____ Birthdate _____ Address _____

Consent of Spouse (if beneficiary is other than spouse.) _____
 Signature of Spouse _____ Date _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, You certify: (1) that a taxpayer identification number has not been issued to You (or the minor beneficiary if the Account is established under the Uniform Gift/Transfer to Minors Act), and that You mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or You intend to mail or deliver an application in the near future); and (2) that You are not subject to backup withholding.

You understand that if You do not provide a taxpayer identification number to the Credit Union within 60 days, the Credit Union is required to withhold 28 percent of all reportable payments thereafter made to You until You provide a number.

Signatures

You hereby apply for membership with Banner Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Banner Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the "Agreements and Disclosures" related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Share Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Banner Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

You hereby acknowledge Your intent to apply for joint credit _____
 Applicant's Initials Co-Applicant's Initials

Applicant's (Primary Owner) Signature _____ Date _____ Joint Owner #1 Signature _____ Date _____

Joint Owner #2 Signature _____ Date _____ Joint Owner #3 Signature _____ Date _____