MISSOURI BAPTIST CREDIT UNION 400 E HIGH STREET JEFFERSON CITY, MO 65101



ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information on this card apply to all the accounts listed unless the Credit Union is notified in writing of a change.

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IARE/SAVINGS :

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LOAN

SHARE DRAFT/CHECKING

SHARE CERTIFICATE/CD

HELOC

MONEY MARKET

E1

The Account number for each of the accounts listed consists of a suffix added to the end of the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

		MEMBER NO:	
MEMBER/OWNER:			
STREET/ CITY/ STATE/ ZIP:			
HOME PHONE:		CELL PHONE:	
SSN/TIN #:	DL#	PASSWORD:	
DATE OF BIRTH: //	EMAIL:		
EMPLOYER:		WORK PHONE:	
MEMBERSHIP ELIGIBILITY (Circle One)			

CHURCH MEMBER/ CHURCH EMPLOYEE/ UNIVERSITY EMPLOYEE/ CONVENTION/ASSOCIATION EMPLOYEE

SSN/TIN CERTIFICATION AND BAKCUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

1) The number shown on this form is my correct social security number and/or taxpayer identification number. 2) I am not subject to backup 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. 3) I am a U.S. Citizen or other U.S. Person. For Federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. Citizen or U.S. Resident a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States: an estate (other than a foreign estate); or a domestic trust (as defined in Regulations sections 301-7701-7).

Signature

Date

AUTHORIZATION

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We have received and read the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfers Agreement and disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Date	Signature	Date
Signature	Date	Signature	Date

ACCOUNT OWNERSHIP/BENEFICIAIRES

Designate Additional ownership of the account an	d responsibility for the services requested.			
JOINT OWNER/BENEFICIARY (Circle One):				
STREET/ CITY/ STATE/ ZIP:				
HOME PHONE:	CELL PHONE:			
SSN/TIN #:	DL#			
DATE OF BIRTH: ///	_ EMAIL:			
EMPLOYER:	WORK PHONE:			
IOINT OWNED /DENIEDIOLARY (Circle Ore)				
	CELL PHONE:			
	DL#			
	EMAIL:			
	WORK PHONE:			
JOINT OWNER/BENEFICIARY (Circle One):				
	CELL PHONE:			
SSN/TIN #:	DL#			
DATE OF BIRTH: ///	EMAIL:			
EMPLOYER:	WORK PHONE:			
OT	HER ACCOUNT DESIGNATIONS			
TRUST ACCOUNT				
FULL NAME OF TRUST:				
DATE OF TRUST:				
TRUSTEE:	TRUSTEE:			
Please submit copy of Trust Documents to Credit Union				

Please fill out all applicable information required and mail, email or fax back to the credit union. If you have any questions, please feel free to contact us at 573-635-4428.