



General Electric Credit Union Membership & Account Application

10485 Reading Road
Cincinnati, OH 45241
513.243.4328 | 800.542.7093
www.gecreditunion.org

ALL INFORMATION MUST BE COMPLETED TO PROCESS. Important information about procedures 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 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. *Please complete in blue or black ink.*

GECU Member #: _____ New Member Existing Member Revision: _____ Date: _____

PRIMARY MEMBER INFORMATION (please print)

| | | | | |
|---|--|---------------|---|----------------|
| Last Name | | First Name | | Middle Initial |
| Social Security Number | | Date of Birth | Email Address | |
| Mailing Address | | | City | State Zip |
| Physical Address (No PO Box) | | | City | State Zip |
| Home Phone | | Work Phone | Cell Phone | |
| Employer (If retired, indicate previous employer) | | | Occupation (If retired, indicate previous occupation) | |

JOINT MEMBER INFORMATION (please print) Use another application for additional Joint Member Information.

| | | | | |
|---|--|---------------|---|----------------|
| Last Name | | First Name | | Middle Initial |
| Social Security Number | | Date of Birth | Email Address | |
| Mailing Address | | | City | State Zip |
| Physical Address (No PO Box) | | | City | State Zip |
| Home Phone | | Work Phone | Cell Phone | |
| Employer (If retired, indicate previous employer) | | | Occupation (If retired, indicate previous occupation) | |

HOW ARE YOU ELIGIBLE FOR MEMBERSHIP? (please check one)

Employer (list your company): _____

County (please specify): _____ Live Work Worship School

Family Member (list family info.) Name: _____
Relationship: _____ Member #: _____ Employer: _____

Other (please specify): _____

ACCOUNT(S) TO BE OPENED/CHANGED:

| | | | |
|---|---|---|---|
| Account Options: <input type="checkbox"/> Share/Savings <input type="checkbox"/> FREE Checking <input type="checkbox"/> Premium FREE Checking <input type="checkbox"/> Money Market Plus | Account Ownership: <input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Primary <input type="checkbox"/> Joint | Account Options: <input type="checkbox"/> Christmas Club <input type="checkbox"/> Vacation Club <input type="checkbox"/> Share Certificate(s) _____ <input type="checkbox"/> Additional Savings/Checking _____ | Account Ownership: <input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Primary <input type="checkbox"/> Joint |
|---|---|---|---|

If opening a Premium FREE Checking account, would you like: Safe Deposit Box (1st year free) GECU Credit Card
If selected, please complete the necessary forms provided by General Electric Credit Union.

ACCOUNT ACCESS OPTIONS:

Number of Debit/ATM Cards: (Includes access to Share/Savings, Money Market Plus, and Checking accounts) One Two (Maximum 1 card/person; 2 cards/account)

Would you like checks? Yes No

Mark the following to appear on the checks: Name Joint Owner Home Phone # Mailing Address Physical Address

Would you like Overdraft Protection? (Must be 18 years old) Share/Savings Account Checking Account(s) If selected, all applicants must apply and be members.

If selected, are you a U.S. Citizen? Yes No **Co-Applicant** Yes No

IMPORTANT: Read before completing this overdraft protection application and check appropriate box:

If you are applying for an individual account in your own name and are relying on your own income or assets.

If you are applying for a joint account or an account that you and another person will use. We intend to apply for joint credit. _____ Applicant Initials _____ Co-Applicant Initials

If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested.

PAYABLE ON DEATH (Optional)

New

Change

Date: _____

I designate the individual(s) named below as my payable on death beneficiary(ies) for all accounts listed on this Application (excluding IRA Accounts). For additional beneficiaries, complete and attach a copy of this page with additional beneficiaries named.

All sums held in all accounts listed on this Application are deemed to belong solely to the signator(s)/owner(s) listed on the first page of this application. For individual (single) accounts and joint accounts with rights of survivorship, upon the death of all signator(s)/owner(s), all sums held in such accounts listed on this Application shall be payable to the beneficiary(ies) named below. If more than one beneficiary is listed, the account balance shall be distributed to them in equal shares, unless otherwise noted. If any beneficiary shall predecease me, his or her interest, and the interest of any of his or her heirs, shall then terminate. The remaining living beneficiaries shall receive the predeceased beneficiary's share in proportion to the beneficiaries' interests as they appear on this Application. **By signing this form I hereby revoke and cancel any and all payable on death beneficiary designation(s) previously made by me with respect to the above listed account(s).**

| | | | |
|----------------------------|--|------------------------|--------------|
| Beneficiary 1: Name | | Social Security Number | Relationship |
| Date of Birth | If not all, specify which account this applies to: | | Share % |

| | | | |
|----------------------------|--|------------------------|--------------|
| Beneficiary 2: Name | | Social Security Number | Relationship |
| Date of Birth | If not all, specify which account this applies to: | | Share % |

| | | | |
|----------------------------|--|------------------------|--------------|
| Beneficiary 3: Name | | Social Security Number | Relationship |
| Date of Birth | If not all, specify which account this applies to: | | Share % |

| | | | |
|----------------------------|--|------------------------|--------------|
| Beneficiary 4: Name | | Social Security Number | Relationship |
| Date of Birth | If not all, specify which account this applies to: | | Share % |

ACCOUNT AGREEMENT AND AUTHORIZATION

Joint Accounts with Rights of Survivorship: The Accounts designed as joint accounts are owned by all of the persons designated as joint owners on the first page of this Application, with rights of survivorship in the surviving co-owner(s). Upon the death of any joint owner, any money in the accounts will pass to the surviving joint owner(s). General Electric Credit Union is authorized to act on the instructions of any joint owner on transactions involving the joint account. Any or all of the joint owners may pledge all or any part of the shares in the Joint Accounts as collateral security for a loan or loans. **Application for Membership:** I hereby make application for membership in the General Electric Credit Union (Credit Union) and agree to conform to its bylaws and any amendments and to subscribe for at least one share. If requested on this Application, I hereby make application for all of the account(s) and account access options requested on the first page of this Application, including overdraft protection, if applicable. By signing below, I/we authorize the Credit Union to periodically obtain our personal credit profile(s) from one or more national credit bureaus. I/we acknowledge receipt of "Know Your Share & Share Draft Accounts," Rate Sheet, and if applicable, "Overdraft Protection Disclosures and Billing Rights" (collectively, the "Disclosures"). The accounts are subject to all of the terms and conditions in the Disclosures, as amended from time to time.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the National Credit Union Administration, 7000 Central Parkway, Suite 1600, Atlanta, GA 30328. The Ohio, Kentucky, and Indiana Laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio, Kentucky, and Indiana Civil Rights Commissions administer compliance with this law.

TO SECURE THE PAYMENT OF YOUR ACCOUNT OR ANY LOANS, YOU GRANT US A SECURITY INTEREST IN SHARES AND DEPOSITS HELD BY YOU WITH US, WHETHER HELD BY YOU ALONE OR JOINTLY. IF YOU DEFAULT, WE STILL HAVE THE RIGHT TO APPLY ANY AND ALL AMOUNTS IN SAID SHARE ACCOUNTS AND DEPOSITS TO THE PAYMENT OF YOUR OBLIGATIONS TO US.

Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 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, and 3. I am a U.S. person (including a U.S. resident alien).

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

Member Signature _____ Date _____

Joint Signature _____ Date _____

FOR OFFICE USE ONLY

USA Patriot Act Identity Verification for Primary Member

Document Used (i.e. Driver's License): _____ Document ID#: _____

Place of Issuance: _____ Expiration Date: _____ Date of Issuance: _____

Discrepancy Resolution: _____

OFAC Date Verified: _____ Employee Initials: _____

Supervisory Approval: _____ Date: _____

USA Patriot Act Identity Verification for Joint Member

Document Used (i.e. Driver's License): _____ Document ID#: _____

Place of Issuance: _____ Expiration Date: _____ Date of Issuance: _____

Discrepancy Resolution: _____

OFAC Date Verified: _____ Employee Initials: _____

Supervisory Approval: _____ Date: _____

Please use another application for additional signer information.

Initials of employee taking the application: _____ Teller Number: _____ Branch Opened: _____

I have reviewed and scanned all applicable parties involved with the account through OFAC, including Payable of Death beneficiaries.

Acct opened/disclosure sent

Member Passed ChexSystems: Yes No Checks Ordered Empl: _____ Date: _____

Debit/ATM ordered (____) Requested No Debit/ATM Card Empl: _____ Date: _____

Action: New Account Name Change (Previous name: _____) *Attach proof of name change.

Add Joint Remove Joint (Name removed: _____)

Other Account Revision: _____