

## YOUTH MEMBERSHIP APPLICATION

6611 Chicago Road, Warren, MI 48092 • (586) 276-3000

ACCOUNT NUMBER
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### Child Information:

Name	Birthdate
Address	Social Security Number / /
City State Zip	Phone Number ( )
Mother's Maiden Name	School Name (if applicable)

### Joint Owner(s)/Legal Guardian(s):

Name	Occupation	Birthdate
Address	Social Security Number / /	
City State Zip	Phone Number ( )	
Mother's Maiden Name	Driver's License Number / State ID	Email Address

Name	Occupation	Birthdate
Address	Social Security Number / /	
City State Zip	Phone Number ( )	
Mother's Maiden Name	Driver's License Number / State ID	Email Address

**Beneficiary(ies)** Upon the death of the last surviving owner, the funds in these accounts shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below without the written consent of all other parties to the account.

Name of Beneficiary	Social Security #	Phone ( )
Address	Relationship	
Name of Beneficiary	Social Security #	Phone ( )
Address	Relationship	

### Social Security Number (Joint Owner(s)/Legal Guardian(s))

I certify under penalties of perjury that the taxpayer identification number (TIN) - social security number - provided above is correct. I am a U.S. person (including a U.S. resident alien), and I am either exempt from backup withholding under Internal Revenue Service regulations, or I am not subject to backup withholding.

The above statement is true with the exception of:

I am subject to backup withholding because of underreported interest and dividends.

I am a Foreign Recipient and have provided this institution with the appropriate Form W-8 certification.

Joint Owner/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

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 acknowledge receipt of a copy of 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 Fund 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 withholdings.**

Child Signature X \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_