

INDIVIDUAL AND JOINT MEMBERSHIP ACCOUNT CARD

Member Account No.

Select applicable accounts: Savings Checking Cert Money Market All

PERSONAL INFORMATION

Primary Member Name SSN/TIN

Address City State Zip

Home/Cell Phone Number Work Phone Number Driver's Lic. Number

Date of Birth Mother's Maiden Name Employer

Membership Eligibility E-mail Address

JOINT OWNER INFORMATION Non-minor joint owner required for minor ATM or checking

The person designated below shall jointly and equally own the following accounts (except individual IRA accounts) with a right of survivorship.

Joint Owner Name SSN/TIN

Address City State Zip

Home/Cell Phone Number Work Phone Number Driver's Lic. Number

Date of Birth Mother's Maiden Name Employer

E-mail Address

ADDITIONAL JOINT OWNER INFORMATION

The person designated below shall jointly and equally own the following accounts (except individual IRA accounts) with a right of survivorship.

Joint Owner Name SSN/TIN

Address City State Zip

Home/Cell Phone Number Work Phone Number Driver's Lic. Number

Date of Birth Mother's Maiden Name Employer

E-mail Address

ADDITIONAL JOINT OWNER INFORMATION

The person designated below shall jointly and equally own the following accounts (except individual IRA accounts) with a right of survivorship.

Joint Owner Name SSN/TIN

Address City State Zip

Home/Cell Phone Number Work Phone Number Driver's Lic. Number

Date of Birth Mother's Maiden Name Employer

E-mail Address

FEDERAL FAMILY FEDERAL CREDIT UNION

125 S. State Street, #2205
Salt Lake City, UT 84138
801-364-5717 • 1-888-574-2219
Fax: 801-364-0815
www.federalfamilyfcu.com

Federal Family Federal Credit Union

Rev 4/10

REMOVAL OF JOINT OWNER

The removal of a joint owner relinquishes ownership interest including any member share in the account. This relinquishment does not affect the Joint Owner's liability for any loan or other obligation.

Name of Removed Joint Owner(s)	Date
_____	_____
_____	_____
_____	_____

DESIGNATION OF PAY ON DEATH BENEFICIARY

The following surviving beneficiary/beneficiaries is/are to receive the proceeds divided equally of my accounts upon the death of the primary member and all joint owners.

Name	Social Security Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REQUEST FOR TAXPAYER'S IDENTIFICATION NUMBER

In this agreement, "I" and "My" mean each and every person who signs below. "Payee" means the primary account holder. "You" and "Your" mean Federal Family Federal Credit Union. I agree that you may retain this card and any other information you may receive.

Part 1 - I am a U.S. person (including a U.S. resident alien).

Part 2 - Payee is Exempt From Backup Withholding (See Part 1 instructions in the Account Agreement and Truth-in-Savings disclosure.

Part 3 - Under penalties of perjury, the Payee certifies that: (1) the information on this card is true, complete, and correct, and (2) the Payee is not subject to backup withholdings. The Payee agrees to cross out part 2 and check this box if the Payee is subject to backup withholdings.

AUTHORIZATION

I authorize you to verify all applications through any means necessary. If I am not currently a member, I hereby apply for membership in Federal Family Federal Credit Union. The primary member certifies that he or she is within the Credit Union's field of membership. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Membership and Account Agreement and Truth-in-Savings Rate and Fee Schedule (receipt of which is hereby acknowledged and which is incorporated in this reference).

If this is Joint Account with the primary member being a minor, I agree to be fully responsible for any and all transactions on this account whether personally performed by me or not. I acknowledge that Joint Ownership does not constitute Credit Union Membership.

This membership account card controls all sub account(s) opened under this account member (except individual IRA accounts) and is a continuing authorization to open any other accounts for me on my verbal request and deposit of funds.

I understand and agree that this card shall govern all the account(s) set forth above.

X _____
Primary Member's Signature Date

X _____
Joint Owner 1 Signature Date

X _____
Joint Owner 2 Signature Date

X _____
Joint Owner 3 Signature Date

Credit Union Use Only

Approved By

Date

Verification