

MEMBERSHIP APPLICATION

MWD FEDERAL CREDIT UNION

ATM (AUTOMATED TELLER MACHINE CARD)

Share Account Signature Card

| | | |
|------------------------------------|-------------|------|
| Name (Last, First, Middle Initial) | Account No. | Date |
|------------------------------------|-------------|------|

DO NOT COMPLETE SHADED AREAS

HOW ARE YOU ELIGIBLE FOR MEMBERSHIP?
 CHECK ONE: RELATIVE EMPLOYEE OF _____
 SPOUSE DOMESTIC PARTNER OF _____
 Member's Name & Acct. #

ACCOUNT STATUS New Account Change Existing Account

OWNERS ACCOUNT SHALL BE: (Check One Box)

Individual Account Joint Account
 Individual Account with Pay-On-Death Beneficiaries Joint Account with Pay-On-Death Beneficiaries
 Joint Tenant

Member Name (Last) (First) (Middle Initial)

MWD Office Address Room# Building# Location Phone Extension

Home Address City State Zip

Birthdate Home Phone Employee Number

Soc. Sec. # Dr. Lic.# Mother's Maiden Name

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

| | |
|---|---|
| PART I - Taxpayer Identification Number | PART II - Backup Withholding On Accounts Opened After 12/31/83. |
| Enter the taxpayer identification number in the box. Taxpayer Identification Number | Check the box if you are NOT subject to backup withholding under the provisions of Section 3408(a)(1)(C) of the Internal Revenue Code ... [] |

Certification - Under the penalties of perjury, I certify that I am a U.S. person or a U.S. resident alien and that the information provided on this form is true, correct, and complete. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholdina.**

You hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of MWD FEDERAL CREDIT UNION. Your membership (Regular Share Account) will include access via ET (Express Teller) Telephone Service and an ATM Access Card. You acknowledge receipt of the Agreement and Truth-In-Savings Disclosure, Electronic Services Disclosure and Agreement and agree to be bound by their terms. Your signature below and use of the account will confirm your agreement to be bound.

Member Signature _____ Date _____
 Approved by: _____ Date _____

SIGNATURE OF MEMBERSHIP OFFICER

SHARE DRAFT APPLICATION

Share Draft Only Share Draft with Overdraft Protection Option

OVERDRAFT PROTECTION OPTION

YOU AUTHORIZE MWD FEDERAL CREDIT UNION TO PAY ANY OVERDRAFT TO YOUR SHARE DRAFT ACCOUNT IN ACCORDANCE WITH THE OPTION YOU HAVE INITIALED BELOW. YOU UNDERSTAND THAT THE LINE OF CREDIT OVERDRAFT ACCOUNT IS A SEPARATE ACCOUNT AND MUST BE APPLIED FOR AND APPROVED SEPERATELY FROM YOUR SHARE DRAFT ACCOUNT AGREEMENT.

The Overdraft Protection Option goes into effect when there are insufficient funds in your Share Draft Account to honor the Share Drafts you have written. Funds are available from the optional source selected within the prescribed credit items. Write your initials next to the source of your choice (Select One Only):

- _____ A. You want all overdrafts on your Share Draft Account to be cleared by a transfer from my Regular Share Account.* (in exact increments of the written draft) with no more than six (6) transfers in any calendar month, unless there are not sufficient funds in that account to clear the overdraft; in which case, the overdraft shall be cleared by an advance from my Line of Credit Overdraft Loan Account subject to the terms and conditions of that account up to my credit limit.
 Initials _____
- _____ B. I want all overdrafts of my Share Draft Account to be cleared by an advance from my Line of Credit Overdraft Loan Account subject to the terms and conditions of that account, up to my credit limit; and thereafter by a transfer from my Regular Share Account, (in exact increments of the written draft), with no more than six (6) transfers in any calendar month.
 Initials _____

* Please note: automatic transfers are limited to six per month from a Regular Share Account.

_____ _____
 MEMBER SIGNATURE DATE JOINT MEMBER SIGNATURE (OWNER) DATE

 JOINT TENANT DATE

BY SIGNING BELOW, YOU ARE APPLYING TO THE CREDIT UNION FOR ELECTRONIC FUND TRANSFER SERVICES.

YOU WOULD LIKE ACCESS TO:

- SHARE ACCOUNT ONLY (INCLUDES ET (EXPRESS TELLER) TELEPHONE SERVICE)
 FULL ATM ACCESS, WHICH INCLUDES AS APPLICABLE SHARE ACCOUNT, SHARE DRAFT ACCOUNT, ET (EXPRESS TELLER) TELEPHONE SERVICE

YOU WANT ONE CARD TWO CARDS

NAME ON SECOND CARD IS: _____ (PLEASE PRINT)

YOU UNDERSTAND THAT IF THE APPLICATION IS APPROVED YOU WILL RECEIVE AN ELECTRONIC SERVICES DISCLOSURE AND AGREEMENT AT THE TIME CARD(S) AND / OR PIN ARE APPROVED AND THE USE OF THE CARD AND / OR PIN CONSTITUTES YOUR AGREEMENT TO THE TERMS AND CONDITIONS OF THE CREDIT UNION'S ELECTRONIC SERVICES DISCLOSURE AND AGREEMENT.

_____ _____
 MEMBER SIGNATURE DATE JOINT MEMBER SIGNATURE (OWNER) DATE

 JOINT TENANT DATE

JOINT OWNERSHIP

MWD FEDERAL CREDIT UNION is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business on any account designated as a joint account. The joint members hereby agree with each other and with the Credit Union that all sums now paid in on shares or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint members with all accumulations thereon are and shall be owned by them jointly with right of survivorship without regard to any party's net contribution and be subject to the withdrawal or receipt by any of them and payment to any of them or the survivor or survivors shall be valid and discharge the Credit Union from any liability for such payment.

Shares in this account may be pledged as collateral for a loan only at this Credit Union by any or all said joint members as long as joint member is a member in his/her own right.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said members, or any of them, except by written notice to said Credit Union which shall not affect transactions theretofore made. Shares are not transferable except on the books of the credit union.

(Please Print)

Member: Name _____ Signature _____
 Joint Member: Name _____ Signature _____
 Social Security No: _____ Address _____
 Drivers License No: _____ Date of Birth: _____

Joint Member: Name _____ Signature _____
 Social Security No: _____ Address _____
 Drivers License No: _____ Date of Birth: _____

PAY-ON-DEATH (P.O.D) PAYEE(S)

In the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the undersigned owner(s) hereby designate as my/our P.O.D. Payee(s) to receive all sums in my/our account established on the reverse side of this form:

Name _____ Birthdate: _____ Relationship: _____
 Address _____
 Name _____ Birthdate: _____ Relationship: _____
 Address _____
 Name _____ Birthdate: _____ Relationship: _____
 Address _____