

Account Number (if applicable)

Financial Builders FCU Application

P.O. Box 2828 765-455-0500 Kokomo
Kokomo, IN 46904-2828 1-800-858-8874 Outside Kokomo



1	Primary Owner Name (first, middle initial, last)		Social Security Number / Tax ID No.		Date of Birth		Place of Birth (City & State)				
	Mailing Address (street, city, state, zip)			Street Address (street, city, state, zip)			How long (mo/ yrs)		Prior Address (if current address is less than 2 yrs)		
	Home Phone Number (including area code)		<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		Work Phone Number (including area code)		Email (Print "no email" if you prefer not to receive)			Mother's Maiden Name	
	Driver's License Number		State Issued From		Issue Date		Expire Date		Are you a U.S. Person (including a U.S. resident alien)		

2	Joint Owner Name (first, middle initial, last)		Social Security Number / Tax ID No.		Date of Birth		Place of Birth (City & State)				
	Mailing Address (street, city, state, zip)			Street Address (street, city, state, zip)			How long (mo/ yrs)		Prior Address (if current address is less than 2 yrs)		
	Home Phone Number (including area code)		<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		Work Phone Number (including area code)		Email (Print "no email" if you prefer not to receive)			Mother's Maiden Name	
	Driver's License Number		State Issued From		Issue Date		Expire Date		Are you a U.S. Person (including a U.S. resident alien)		
	Payee on Death Name, if applicable		Address (city, state)			Date of Birth		Social Security Number		Relationship to applicant	
Payee on Death Name, if applicable		Address (city, state)			Date of Birth		Social Security Number		Relationship to applicant		

3	I am applying for membership and am eligible via: <input type="checkbox"/> Employer _____ <input type="checkbox"/> Live/Work/Worship _____ <input type="checkbox"/> Relative of member (Name and Relationship) _____ <input type="checkbox"/> Underserved Area _____ <input type="checkbox"/> Other _____									
	<input type="checkbox"/> I have read and followed the instructions on the "Tax Information Number and Backup Withholding Certification". (ref. page 2 No. 7) <input type="checkbox"/> I have included a copy of my driver's license, as well as any joint applicant's driver's license.									

4	I would like my account set up as follows: <input type="checkbox"/> Individual <input type="checkbox"/> Individual with Payee(s) on Death <input type="checkbox"/> Joint <input type="checkbox"/> Joint with Payee(s) on Death									
	I / We would like to open the following: Share Account: <input checked="" type="checkbox"/> Primary Shares <input type="checkbox"/> Christmas Club <input type="checkbox"/> Vacation Club <input type="checkbox"/> Other _____ Share Draft: <input type="checkbox"/> Regular Checking <input type="checkbox"/> Financial Plus <input type="checkbox"/> Youth <input type="checkbox"/> Other _____									
	I have chosen the following overdraft protection options: <input type="checkbox"/> VISA Overdraft protection <input type="checkbox"/> Overdraft Line of Credit (ODLOC) <input type="checkbox"/> Primary Share Savings only <input type="checkbox"/> Courtesy Pay (after 60 days) <input type="checkbox"/> I would like "opt out" of any form of overdraft protection on my account: Please Initial: _____									
	I would like the following account services: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Other _____									

I / We would like information about the following: Share Certificate of Deposit Supersaver Share Certificate Safechoice Money Market
 IRA Online Banking Online Bill pay C.A.T Telephone Banking Other _____

5	Credit		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other		Monthly Housing Payment		Length of time at current address				
	Employer and Employer city, state				Date of Hire		Job Title		Gross Monthly Income (ref. page 2 No.8)		
	Other Income-please explain (ref. page 2 No.8)							Number of Dependents			
	Co-Applicant: (if applicable)										
	Name (first, middle initial, last)				Address (street, city, state, zip)						
	Social Security Number		Phone Number (including area code)		Date of Birth		Birth Place (City & State)		Driver's License Number		State issued from
	Employer and Employer city, state				Date of Hire		Job Title		Gross Monthly Income (ref. page 2 No.8)		
Other Income-please explain (ref. page 2 No.8)											

I/We would like a: VISA Classic Credit Card Gold Credit Card Individual Joint
Authorized User(s) _____ I have that I have received a copy of current disclosure. Initial: _____
Authorized User(s) _____ I have that I have received a copy of current disclosure. Initial: _____

Note: By completing this application, financial transactions may be processed; by phone, internet or any other means, if all changes are disclosed that occur after the application date. *
Terms & Conditions, Cardholder Agreement can be viewed online at www.financialbuilders.org in their entirety. A mailed or e-mailed copy can be sent upon request.
* Real estate loans will require additional information. I / We attest to the information on page 1 Initial: _____

6 I / We attest that:
 Within the last 12 months, I have I have not had a checking account? If yes, where? _____
 Within the last 12 months, I have I have not had any financial institution involuntarily close my checking account? If yes, why? _____
 Within the last 24 months, I have I have not been convicted of a criminal offense involving the use of a check or check card? _____
 Within the last 14 years, I have I have not filed for bankruptcy or made a required debt settlement? If Yes, When? _____
 I am I am not a co-signer or guarantor on any loan per the date of this application.
 I am I am not a defendant in any suits or party to any ongoing or pending legal action as of the date of this application.

7 **Tax Information Number and Backup Withholding Certification** - Under penalties of perjury, I certify that: (1) The number shown on this form is my correct 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, and (3) I am a U.S. citizen (including a U.S. resident alien).
Note: I must strike out the language in clause (2) if I AM SUBJECT to backup withholding because I have been notified by the IRS that I AM SUBJECT to withholding as a result of a failure to report all interest or dividends on my tax returns.

8 **Notice:** Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.

9 **Authorization**
 I/We authorize any party named in this financial services application to provide to Financial Builders Federal Credit Union and/or its agent(s), any and all verifying documentation that they request. Such information includes, but is not limited to: credit reporting agencies, employment history and income, bank accounts, insurance policies, or asset verifications and balances, credit history, copies of income tax returns and identification records used in the determination of extension of financial services. Financial Builders Federal Credit Union and/or its agent may submit this authorization to any party named in the financial services application, credit bureau or to entities noted and/or verbally communicated. A copy, faxed or electronic representation of this authorization may be accepted as an original.

Privacy
 Financial Builders Federal Credit Union restricts access to nonpublic personal information about you to those who have a specific business purpose in utilizing your data. Those who have access are trained in the importance of maintaining confidentiality and member privacy. We maintain physical, electronic, and procedural safeguards that comply with federal regulations and leading industry practices to safeguard your nonpublic personal information. If you have any questions about our privacy policy and procedures please contact a Financial Builders FCU member service representative.

Under penalties of perjury, I / We certify that:
 I/We fully understand that whoever knowingly makes any false statement or report, for the purpose of influencing in any way the action of a Federal credit union, upon any application or loan, or any change or extension of any of the same, by renewal, deferment of action or otherwise, or the acceptance, release, or substitution of security therefore, shall be fined not more than \$1,000,000 or imprisoned not more than 30 years, or both. United State Code Title 18 PART I CHAPTER 47 Section § 1014
 By signing below, I / We agree to the terms and conditions set forth in Financial Builders: By-laws and policies, Membership and Account Agreements, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure (if applicable), Electronic Funds Transfer Agreement and to any amendment Financial Builders Federal Credit Union makes from time to time which are incorporated herein. I / We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. I / We acknowledge and understand that all terms and conditions apply to all current accounts and services as well as those acquired in the future.
 I/We also agree to notify Financial Builders of any changes to my/our name, address, telephone number or employment. I/We authorize Financial Builders to obtain credit information in connection with this request until it is in writing and submitted to Financial Builders.

Primary Applicant Signature:		Date:	02/16/10
Joint Applicant Signature:		Date:	
Credit Co-Applicant Signature:		Date:	

FOR CREDIT UNION USE ONLY Date opened: _____ Opened by (initials): Joan E Eligibility verified by(initials): _____

Primary Applicant Identification
 Driver's License State ID Military ID Passport Other (please specify): _____ Issuance Country _____ Date of Issuance _____
 ID Number: _____ Photocopy on file or Viewed, Photocopied or Scanned by (initials): _____

Joint Applicant Identification (if applicable)
 Driver's License State ID Military ID Passport Other (please specify): _____ Issuance Country _____ Date of Issuance _____
 ID Number: _____ Photocopy on file or Viewed, Photocopied or Scanned by (initials): _____

Credit Co- Applicant Identification (if applicable)
 Driver's License State ID Military ID Passport Other (please specify): _____ Issuance Country _____ Date of Issuance _____
 ID Number: _____ Photocopy on file or Viewed, Photocopied or Scanned by (initials): _____

OFAC checked by (initials): _____ ChexSystems Record: No Yes _____