



MEMBERSHIP APPLICATION / ACCOUNT CHANGE

Services Requested: New Account Add Checking Add Joint Owner Beneficiary Change Name Change Change in Trustee

I authorize the use of electronic signatures, facsimile signatures and photocopied signatures for all purposes, said signatures to have the same force and effect as original signatures for all transactions, included in applications or agreements with you.

I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNT:		Credit Union Use Only: Account No. _____
<input type="checkbox"/> Shares/Savings	<input type="checkbox"/> Sharedraft/Checking	

PLEASE TELL US ABOUT YOURSELF

I AM:

A New Member. I am employed at: _____

I have a policy with Farm Bureau.

I am an immediate family member of a current member, or reside in the same household.

Current member name: _____ Relationship to current member: _____

An Existing Member. My member or account number is: _____

How did you hear about us? Website Direct Mailing Co-worker Family member Publication (Please specify) _____ Other _____

I AM THE PRIMARY ACCOUNT OWNER. MY INFORMATION IS AS FOLLOWS

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
PHYSICAL ADDRESS		APT/UNIT#	CITY	STATE ZIP
MAILING ADDRESS (IF DIFFERENT)		APT/UNIT#	CITY	STATE ZIP
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	ISSUE DATE	EXPIRATION DATE	DATE OF BIRTH CITY OF BIRTH
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS	

I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT (do not complete if you will be the only owner on the account):

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
PHYSICAL ADDRESS		APT/UNIT#	CITY	STATE ZIP
MAILING ADDRESS (IF DIFFERENT)		APT/UNIT#	CITY	STATE ZIP
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	ISSUE DATE	EXPIRATION DATE	DATE OF BIRTH CITY OF BIRTH
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS	

I WOULD LIKE A SECOND JOINT OWNER ON MY ACCOUNT (OPTIONAL - do not complete if you will be the only owner on the account):

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
PHYSICAL ADDRESS		APT/UNIT#	CITY	STATE ZIP
MAILING ADDRESS (IF DIFFERENT)		APT/UNIT#	CITY	STATE ZIP
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	ISSUE DATE	EXPIRATION DATE	DATE OF BIRTH CITY OF BIRTH
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS	

(OPTIONAL) I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I am deceased (or, if it's a joint account, when all joint owners are deceased):

POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	DATE OF BIRTH
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	DATE OF BIRTH
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	DATE OF BIRTH
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	DATE OF BIRTH

ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:

Debit Card in Primary Account Owner's Name

Debit Card for Joint Owner Name on Card: _____

Audio Response Service: Activate and choose your pin by calling (850) 488-6781 or 1-800-458-3524, option 1, and follow the prompts.

Home Banking, e-statements, e-notices: Visit www.flagcu.com and use your account number to sign up for home banking. You can sign up for e-statements/e-notices after entering home banking. You must provide us with a valid email address in order to sign up online for home banking.

Please Note, Bill Pay is available by logging on to our website at www.flagcu.com

We can use your actual/current or available account balance to determine if you have an overdraft.

- Your actual/current account balance is the amount in your account, with no deductions for items (outstanding ACH, debit, etc. items) that have not cleared your account or deductions for holds on deposits that have not been released.
- Your available account balance is the balance in your account less any deductions for items (ACH transactions, debit card transactions, etc.) that haven't actually been paid from your account or additions of deposits that are on hold.

CERTIFICATIONS

Under the penalties of perjury, I certify (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), (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). By signing below, you attest to the fact that the information you provided is true and correct to the best of your knowledge and agree to the Credit Union by-laws and the terms and conditions of any approved account and service(s), as amended by the Credit Union from time to time, and authorize the Credit Union to obtain and verify account, credit and employment history from time to time. The undersigned further understand they will be provided with the terms, conditions, and disclosures of all approved accounts and services including, without limitation, the "Important Account Information for Our Members" booklet, following the Credit Union's receipt of this completed and signed application and agree to all such terms, conditions, and disclosures, as amended by the Credit Union from time to time.

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

IMPORTANCE NOTICE 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. This means that 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. If you are present when we open the account, we may ask to see a copy of your driver's license or other identifying information.

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF 1st JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF 2nd JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

FOR CREDIT UNION USE ONLY

Date account opened : _____ Staff Signature: _____

Primary appeared in person? Yes No Driver's License Presented? Yes No If yes, please attach copy of Driver's License

Joint Owner appeared in person? Yes No Driver's License Presented? Yes No If yes, please attach copy of Driver's License

Eligible for membership as:

An employee of (Co. Name) _____ Family member of _____ Relationship _____

Live in the neighborhood of _____ Other (Credit Union use only) _____

Type of application: Paper Online