

New Membership    New Account(s)    Change Owners/Signers    Other Revision \_\_\_\_\_

New Membership Eligibility (Company must have an office located in Michigan – Member Group: Michigan Resident)

### New Account and/or Existing Account Changes

Account Number	Account Type (and Term)	Account Status	Account Number	Account Type (and Term)	Account Status
		<input type="checkbox"/> New <input type="checkbox"/> Existing			<input type="checkbox"/> New <input type="checkbox"/> Existing
		<input type="checkbox"/> New <input type="checkbox"/> Existing			<input type="checkbox"/> New <input type="checkbox"/> Existing
		<input type="checkbox"/> New <input type="checkbox"/> Existing			<input type="checkbox"/> New <input type="checkbox"/> Existing
		<input type="checkbox"/> New <input type="checkbox"/> Existing			<input type="checkbox"/> New <input type="checkbox"/> Existing

### Company Information

Name of Company (Must match EIN application, if applicable)			Assumed Name(s)		
Tax ID Number	Company Type	Email	Phone	Fax	
Permanent Street Address			City	State	Zip
Mailing Street Address			City	State	Zip
Online Banking <input type="checkbox"/> Yes <input type="checkbox"/> No		Online Banking Admin (Account Owner Only)			

### Account Owner(s) and Authorized Signer(s)

**Account Owner** – An individual who can perform all monetary functions, open and close accounts, add services, and delete or add Authorized Signers. Account Owners will be personally liable for the obligations of the company. An Account Owner must be on all Business accounts.

**Authorized Signer** – An individual who can perform all monetary functions, add services, and update company address or contact information. The Authorized Signer will not be personally liable for the obligations of the company.

Full Legal Name	SSN	Date of Birth	Full Legal Name	SSN	Date of Birth
Account Owner/Authorized Signer	Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Account Owner/Authorized Signer	Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Driver's License/ID Number	Email		Driver's License/ID Number	Email	
Current or Former Employer and Occupation			Current or Former Employer and Occupation		
Permanent Address (Cannot be PO Box)			Permanent Address (Cannot be PO Box)		
Mailing Address (When different than above)			Mailing Address (When different than above)		

**Account Owner(s) and Authorized Signer(s)** (Continued)

Full Legal Name	SSN	Date of Birth
Account Owner/Authorized Signer	Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Driver's License/ID Number	Email	
Current or Former Employer and Occupation		
Permanent Address (Cannot be PO Box)		
Mailing Address (When different than above)		

Full Legal Name	SSN	Date of Birth
Account Owner/Authorized Signer	Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Driver's License/ID Number	Email	
Current or Former Employer and Occupation		
Permanent Address (Cannot be PO Box)		
Mailing Address (When different than above)		

Full Legal Name	SSN	Date of Birth
Account Owner/Authorized Signer	Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Driver's License/ID Number	Email	
Current or Former Employer and Occupation		
Permanent Address (Cannot be PO Box)		
Mailing Address (When different than above)		

Full Legal Name	SSN	Date of Birth
Account Owner/Authorized Signer	Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Driver's License/ID Number	Email	
Current or Former Employer and Occupation		
Permanent Address (Cannot be PO Box)		
Mailing Address (When different than above)		

**Beneficiary Designation - For Sole Proprietorship (DBA) Only**

Full Legal Name of Individual, Trust, or Organization		
Tax ID Number	Date of Birth	Preferred Phone
Address		

Full Legal Name of Individual, Trust, or Organization		
Tax ID Number	Date of Birth	Preferred Phone
Address		

**Acknowledgments and Signatures** (Required)

- **Identification Requirements:** 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. What this means for you: We will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.
- **Qualification for Accounts:** Applications for membership and for services such as checking and debit card are subject to approval. Decision to approve is based on information provided on this application, information obtained from an established credit/consumer reporting agency, and any account history on existing/prior accounts held at the Credit Union. It should also be noted that the minimum balance requirement must be maintained in the Regular Savings account to retain membership.
- **Two Signature Accounts:** The Credit Union does not offer Business checking accounts which two or more signatures are required for transactions.
- **Account Owner:** The account owner is responsible for any transactions of the authorized signer and authorized user.
- **Maintaining Accounts in Good Standing.** Applicants agree to maintain Credit Union accounts in good standing in order to retain account/membership privileges.
- **Beneficiary Provisions:** FOR SOLE PROPRIETORSHIPS Upon the death of the owner, or the last surviving owner if there is more than one, the funds covered by the agreement shall become the property of the beneficiary(ies) listed who are alive at the

**Acknowledgments and Signatures** (Continued)

time. In addition, each such beneficiary shall have the power to withdraw only his/her equal share of the remaining account balance together with any accumulations on such amount.

- **Right of Offset:** To the extent not prohibited by law, I/We pledge and grant as security to the Credit Union, for all obligations I/We may have now or in the future, all savings and deposits and interest, in all Business accounts with the Credit Union now and in the future.
- **Taxpayer Identification Number:** Under penalties of perjury, I certify that: 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), and 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 or other U.S. person.
- **Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

**By checking this box, I certify that I am a non-resident alien and have completed a form W-8BEN**

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

- **Account Terms and Disclosures:** You acknowledge receipt of disclosures which apply for the accounts selected, such as those entitled: Business Terms and Conditions of Your Account, and others which may describe terms for specific accounts/services enrolled. All owners agree to abide by the disclosed terms and conditions of all accounts/services received. Terms and conditions are subject to change, the most current version can be found at laketrust.org.
- **Prohibited Company Practices:** I/we further certify that the company does not participate in any internet gambling services as defined in the Unlawful Internet Gambling Enforcement Act of 2006 (Regulation GG) or accept payments from any unlawful gambling activities. I/we also certify that I/we do not conduct any financial transactions that are consistent with a money services business, or a marijuana related services including the growing, distributing, or selling of marijuana, or any other high risk or illegal company.

**By signing below**, you acknowledge that: (1) the information provided is true and correct; (2) you intend to apply for Credit Union membership or make changes to your account(s); (3) you acknowledge the statements above and accept the terms and conditions.

Owner/Signer \_\_\_\_\_ Date \_\_\_\_\_ Owner/Signer \_\_\_\_\_ Date \_\_\_\_\_

Owner/Signer \_\_\_\_\_ Date \_\_\_\_\_ Owner/Signer \_\_\_\_\_ Date \_\_\_\_\_

Owner/Signer \_\_\_\_\_ Date \_\_\_\_\_ Owner/Signer \_\_\_\_\_ Date \_\_\_\_\_

**Submission of Application and Supporting Documentation** (Questions? Call 888.267.7200)

Lake Trust Credit Union, Attn: Member Service 4605 S Old US Hwy 23, Brighton MI 48114-9804

- Copy of a valid driver's license/State ID with current address or additional proof of address for EACH individual.
- Copy of all of the Company's Signed Legal and Formation Documentation.
- Minimum deposit of \$5.00 for New Membership. (Check payable to "Lake Trust Credit Union.")

Branch	Employee	Date	QR By	Date
MSO Printed Name & Signature				Date
Notes				