

Need Copy of driver's license
 Need Another Photo ID
 Need \$5- to start your account

MEMBERSHIP ELIGIBILITY INFORMATION

I/We are eligible to become a member/members of GRS Employees Credit Union for the following reason(s):

- | | Primary Member | Joint Member | |
|-----|--------------------------|--------------------------|---|
| (1) | <input type="checkbox"/> | <input type="checkbox"/> | I am an employee |
| (2) | <input type="checkbox"/> | <input type="checkbox"/> | I am a retired employee |
| (3) | <input type="checkbox"/> | <input type="checkbox"/> | I am an immediate family member of an employee or retiree |
- And that Employee's Name is _____

Contract No. _____

BOOK NUMBER

MEMBERSHIP APPLICATION IN
 GRS EMPLOYEES CREDIT UNION

Soc. Sec. No. or Tax I.D. No. _____
 Member Name _____
 Address _____
 City _____ State _____ Zip _____
 Employer _____ Occupation _____
 Home Phone _____ Bus. Phone _____
 Date of Birth _____ Mother's Maiden Name _____
 Signature _____

CREDIT UNION USE ONLY

THIS APPLICATION ACCEPTED AND SET UP BY:
 () Board
 Signature _____ Date _____
 (Person representing approver of application)

JOINT SHARE ACCOUNT AGREEMENT (*NOT TRANSFERABLE)

The GRS Employees Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said 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 owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from time to time.

Any or all of said joint owner may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

Joint Account No. _____ Date _____ 19 _____
 † Soc. Sec. or Tax I.D. No. † Joint Owners Signatures (each must sign below) † Date of Birth

Consent of Spouse (to be completed in some states if joint owner is other than spouse of member)

Approved and consented to: _____

(Instruction of signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of whichever certification you sign below.)

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding wither because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

Signature _____ Date _____

CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, I certify (1) that a taxpayer identification number has not been issued to me, and that I mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or intend to mail or deliver an application in the near future), and (2) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

I understand that if I do not provide a taxpayer identification number to the credit union within 60 days, the credit union is required to withhold 20 percent of all reportable payments thereafter made to me until I provide a number.

Signature _____ Date _____