



ACCOUNT CARD AND MEMBERSHIP APPLICATION

New Membership Account
Change existing account

1) Primary Member Information

First Name: Middle Name: Last Name:
If Primary member is other than the account owner, indicate your role below:
Trustee Custodian Other (describe):
Title of Account: (if other than legal name)

Social Security Number: - -
Date of Birth: / /
Member Number
CU USE ONLY

Street Address:
City: State: Zip Code: -

Identification information of primary member:
(Driver's License or other Government ID)
Type of ID: State:
ID Number:
Issue: / / Ex: / /

Other Identification for Primary Member
Type of ID: State:
ID Number:
Issue: / / Ex: / /

Home Phone Number: - -
Cell Phone Number: - -
Additional Phone Number: - -
Number to be Used for Contact: - -
Contact name if other than Owner:
Email:

Occupation:
Employer:
Address:
City:
State: Zip: -
Work Phone: - -

Membership Eligibility:
Employer/Family Name:
Primary Source of Deposits to Your Account(s):

Select accounts you'd like to open using the boxes below. With the exception of IRA accounts, all accounts selected will be jointly owned if this application lists any "Joint Owner(s)".

Membership/Savings Account
CU Power Membership/Savings Account 1
Young Savers Account
Student Checking Account

Relationship Checking Account
CU Power Checking Account - requires 1above
Share Savings Certificate Account
Share Savings IRA Certificate Account (no joint)

IRA Savings Account (No Joint)
Holiday Club Account
Vacation Club Account
Money Market Account

OTHER OWNERS CHECK HERE IF A JOINT OWNER IS APPLYING FOR MEMBERSHIP. Provide eligibility below. Parties listed herein will be deemed joint owners unless you indicate another role on this account. Trustee Custodian Other: (describe below)

2) Joint Member Information

First Name: Middle Name: Address:
Last Name:
Social Security Number: - - Type of ID: State: City:
Date of Birth: / / ID Number: State: Zip: -
Relationship to Primary: Issue: / / Exp: / / Contact Phone Number: - -
Email Joint Member:

3) Joint Member Information

First Name: Middle Name: Address:
Last Name:
Social Security Number: - - Type of ID: State: City:
Date of Birth: / / ID Number: State: Zip: -
Relationship to Primary: Issue: / / Exp: / / Contact Phone Number: - -
Email Joint Member:

D. AUTHORIZED SIGNATURES: BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND ON ALL PARTS OF THIS APPLICATION. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. Transactions to/from any accounts may be limited until ID verification of all persons is completed. Our signature(s) below gives consent to the Credit Union to communicate with us via email, text messaging, or other social media. If a cell number or text contact (together "contact") is provided above, or if I/we later provide such to the Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via calling; texting or otherwise. This contact may be by dialing the cell phone, autodialer, text or robo text methods. I/we understand that this consent is not required to obtain any loan or services from the Credit Union. I understand that I am not required to provide my consent as a condition of receiving any service from the Credit Union, and that I have the right to revoke consent for any and all contacts provided at any time.

1. Signature DATE

3. Signature DATE

2. Signature DATE

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING

W-9 CERTIFICATION - IF DEPOSITOR IS U.S. CITIZEN OR RESIDENT ALIEN UNDER PENALTIES OF PERJURY:

I certify (1) that 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 under federal laws or a specific FATCA Exempt Payee Code (____enter code here from W-9 Instructions), 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. person (including a U.S. resident alien). 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 and (4) APPLIES TO ACCOUNTS MAINTAINED OUTSIDE THE U.S. -- I am exempt from FATCA Reporting which is the Foreign Account Tax Compliance Act (Generally, the Act requires US persons living outside the US to report their accounts held outside of the US).

SIGNATURES, CONSENTS AND AGREEMENTS: Each applicant, authorized user or other party signing this application, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of On The Grid Financial ("Credit Union"). Applicants certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. Applicants also acknowledge receipt and agree to be bound by any terms and conditions in this document, and in the Membership and Account Agreement, Truth-in-Savings Document, Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s) services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.**

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ABOVE): The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations. This designation applies to all accounts listed above or on any change forms / documents.

ACCOUNT SERVICES: (Select the services requested with regard to the account selected above. NOTE: Some services are not available for certain accounts.)

Debit Card* Checks*
 Payroll Deduction* Transfer2CU*
 Overdraft Protection* Other:
 CUeDeposit*

IF APPROVED: Overdraft Protection will make transfers from the accounts listed below in the order of priority listed:
 1. Share Account No. 00 (automatically set up)
 2. Account or Loan Account No.

*A separate application may be required for this service. No protection from a loan account is provided unless approved for an overdraft loan account.
Credit Union Use Only - Approval Notes:

PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD - NOT TO BE USED FOR IRA OR OTHER RETIREMENT PLAN ACCOUNTS (When you name more than one person your account will be paid pro-rata [e.g. 50/50 if 2 persons listed]).

1. Name: _____ Relationship: _____ SSN: - -
 Address: _____ Birth date: / /
 Email: _____ Phone: - -

2. Name: _____ Relationship: _____ SSN: - -
 Address: _____ Birth date: / /
 Email: _____ Phone: - -

Contingent Beneficiaries (Use Only if you Name a Single "Individual" Beneficiary Above). If you have named more than one primary beneficiary, then any election below will be disregarded. If the designated Single Individual POD beneficiary is deceased, then payable on the death of the account owner to the following Contingent Beneficiaries, in equal shares:

1. Name: _____ Relationship: _____ SSN: - -
 Address: _____ Birth date: / /
 Email: _____ Phone: - -

2. Name: _____ Relationship: _____ SSN: - -
 Address: _____ Birth date: / /
 Email: _____ Phone: - -

These POD designations only apply to the Account(s) Listed above. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. If any beneficiary is not living, funds shall be paid as expressly required by applicable state law; and if there is no express state law, then pursuant to the provisions set forth in the Membership Agreement with the Credit Union.

CREDIT UNION NOTES: The above applicant(s) membership approved:

Date: _____ By: _____ (employee opening account)

Account Opened: In Person By Mail Internet Other:

Member/Owner/User Identification Verified via:

1. Driver's License. Other: _____ Existing Member Per Policy Verified By: _____

2. Driver's License. Other: _____ Existing Member Per Policy Verified By: _____

3. Driver's License. Other: _____ Existing Member Per Policy Verified By: _____

Name Discrepancy: The Credit Union has resolved the name discrepancy on the documentation relied upon to open this account; and to insure proper governmental list-checking via: _____

Entity Other Than Natural Person:

Document(s) Reviewed: _____ Existing Member Per Policy Verified By: _____