



_____ by _____
Membership Officer

_____ Date
Chiropractic Federal Credit Union

_____ Beneficiary Name(s)

Upon the death of this owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) listed below who are alive at that time. In addition, each such beneficiary shall have the power to withdraw only his or her equal share of the remaining account balance together with any accumulations on such amount. The multiple name account agreement (Part IV) shall not apply to beneficiaries. No beneficiary shall have any right under any circumstances to change the terms on conditions of this agreement.

BENEFICIARY INFORMATION AND PROVISIONS

Account No. _____

Account Number _____ Name (1) _____

Driver's License No. _____ Please enclose copy.

Home Address _____

Soc. Sec. No. _____ Home Phone (____) _____

Employer _____ Bus. Phone (____) _____

Occupation _____ Fax Phone (____) _____

Place of Birth/City/State _____ Date of Birth ____/____/____

Membership Eligibility _____ E-Mail Address _____

By signing on the reverse side of this card thereby make application for membership and agree to conform to the bylaws and any amendments to thereof in the Chiropractic Federal Credit Union.

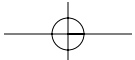
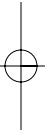
I also agree to the terms and conditions of any account that I have in the Credit Union now or in the future and agree that the Credit Union may change those terms and conditions from time to time.

(Office Use Only) Opened by Employee _____ Date _____

Membership Officer Signature _____ Date _____

Minimum Deposit \$25.00

Reverse side must be completed.



TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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. person (including a U.S. resident alien).

Signature of owner name (1) ✓ _____ Date _____

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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

JOINT SHARE ACCOUNT AGREEMENT

The Chiropractic Federal 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 of 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 any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners 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.

Soc. Sec. No.	Joint Owners (each must sign below)	Date of Birth
✓ _____	✓ _____ Signature Name (2)	✓ _____
✓ _____	✓ _____ Signature Name (3)	✓ _____
✓ _____	✓ _____ Signature Name (1)	✓ _____

Reverse side must be completed.