

Application for Membership



I/We submit this form to **4Front Credit Union** for two purposes. First, the individual listed as Primary Owner 1 (unless already a member) applies for membership in the Credit Union. Second, I/We request the Credit Union to open a savings/checking account and the multiple name provision of the agreement shall be applicable. By signing this application, I/we authorize 4Front Credit Union to open subsequent accounts and services per our request, whether verbal or in-person. For more information, call 800.765.0110 or visit www.4frontcu.com.

USA Patriot Act Notice

Important Information 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. What this means to you: When you open a new account, 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.

Joint Account

By adding a joint owner, you are creating, and intend to create, a "joint tenancy with rights of survivorship." That is, you as the owners of the account agree with yourselves and the Credit Union that all sums paid in shares or other deposits (as applicable), together with all accumulations, prior to now or hereafter, less setoffs as allowed by law for any sums due the Credit Union by any party, shall be owned by all of you jointly with full right of survivorship, and shall be subject to withdrawal or receipt by any of you in whole or in part. For important additional information concerning joint accounts, please refer to the "Joint Accounts" section of the Membership and Account Agreement.

Representations of Trustee

If adding a Trustee, trustee(s) represent the following: (i) the Trust is in full force and effect and it has not been revoked or amended in any manner which would cause the representations made herein to be inaccurate or incorrect; (ii) the named Trustee(s) has qualified, is acting as Trustee(s), and is authorized to open this account and complete other documents for the receipt of financial services from the Credit Union; (iii) the Trustee(s) is authorized to hold, manage, deposit, withdraw, invest and reinvest funds deposited, purchase and sell investments and securities, including without limitation, certificates of deposit and mutual funds, to borrow money, and is authorized to grant a security interest in Trust assets, and accomplish any or all other banking transactions, including the maintenance of a safety deposit box; (iv) the Trust document contains a hold harmless provision for any third party dealing with the Trust or any trustee and that such provision applies to the Credit Union; (v) Trustee(s) will send written notice of any change in Trustee(s), of any amendment or modification of the Trust which would cause the representations made herein to be or become inaccurate or incorrect, or of the occurrence of any event which would affect the Trust's revocability, the powers of the Trustee(s), or any other representations made to the Credit Union; and (vi) any one Trustee has the power authorize withdrawals or transfers from authorized accounts, or authorize new accounts or services.

Representations of Fiduciary/Custodian

If adding a Fiduciary/Custodian, fiduciary/custodian represents the following: (i) a court order or other document establishing the fiduciary/custodial relationship is in full force and effect and it has not been revoked or amended in any manner which would cause the representations made herein to be inaccurate or incorrect; (ii) the named Fiduciary/Custodian has qualified, is acting as Fiduciary/Custodian, and is authorized to open this account and complete other documents for the receipt of financial Services from 4Front Credit Union on behalf of the Protected Person, Minor, or Estate; (iii) the Fiduciary/Custodian shall not transact any personal financial transactions on any accounts for which he/she is acting in a fiduciary capacity; and (iv) Fiduciary/Custodian will send written notice of any change in his/her authority, or of any amendment or modification of the document(s) establishing the fiduciary relationship which would cause the representations made herein to be or become inaccurate or incorrect. 4Front Credit Union may rely on these representations and any instructions by the Fiduciary/Custodian and act in accordance therewith in any respect affecting the account or Protected Person, Minor or Estate before or after termination of the fiduciary relationship, unless and until it receives a written notice of any events affecting the Fiduciary/Custodian's powers described above or described in any documents required by the Credit Union.

Overdraft Protection Plan

Standard Overdraft Practices (Courtesy Pay)

Yes, I want to be considered for enrollment in Courtesy Pay on my Checking Account. I understand that this is a purely discretionary service the Credit Union may provide from time to time and which may be withdrawn or withheld by the Credit Union at any time, without prior notice, reason or cause. Courtesy Pay is available for the payment of checks, preauthorized payments under our bill payment service, ACH drafts, and recurring debit transactions. Courtesy Pay is also available for everyday debit card transactions, if you opt-in, by electing that option on the "What You Need To Know About Overdrafts" disclosure. I understand there is a fee for any transaction paid through Courtesy Pay.

No, I do not want to be considered for enrollment in Courtesy Pay on my Checking Account. I understand that the Credit Union will decline any transaction presented that exceeds my available account balance, and I will incur a fee each time the item is presented for payment.

Overdraft Transfer - Savings/Checking

Yes, I want to enroll in the Credit Union's Overdraft Transfer Service. I understand that in the event a transaction exceeds my available balance, funds from the account I/we have designated will be transferred to cover overdrafts.

No, I do not wish to enroll in Overdraft Transfer Service. I understand that the Credit Union will decline any transaction presented that exceeds my available account balance, and I will incur a fee each time the item is presented for payment.

For a complete explanation of our Overdraft Services, please refer to the "Your Liability For Overdrafts" section of the Membership and Account Agreement before making your elections above.

CREDIT UNION USE ONLY	
Teller/MO ID # _____	Approval Date _____
Notes:	
Primary Owner (Last Name, First Name)	Account #

TIN Certification and Backup Withholding Information:

Under penalties of perjury, I/we certify that (1) the number shown on this form is my/our correct Social Security Number(s) and *(2) that I/we am/are not subject to backup withholding either because I/we have not been notified that I/we am/are subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I/we am/are no longer subject to backup withholding. (3) I am a U.S. Citizen (including a U.S. Resident Alien). (4) I am not a U.S. Citizen. I will complete a W-8 BEN.

*Strike out the language in (2) above if the IRS has notified you that you are subject to backup withholding and has not terminated that notification.

- Do you own or control a company engaged in the direct handling of marijuana through manufacturing, distribution or dispensing?
Primary Yes No **Signer 2** Yes No **Signer 3** Yes No
- If employed - Is your employer engaged in the direct handling of marijuana through manufacturing, distribution or dispensing?
Primary Yes No **Signer 2** Yes No **Signer 3** Yes No
- If self-employed - Do you provide products or services to businesses engaged in the direct handling of marijuana through manufacturing, distribution or dispensing?
Primary Yes No **Signer 2** Yes No **Signer 3** Yes No

Acknowledgement

By signing below, I/we (The Trustee and Trust)/(the Fiduciary/Custodian) named above certify that all of the information provided in this Membership Application and Agreement is true, correct and complete. I/We (The Trustee and Trust)/(the Fiduciary/Custodian) named above acknowledge and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures and Funds Availability Policy Disclosure, and Rate and Fee Schedules, and to any amendment the Credit Union makes from time to time, which are incorporated herein. I/We (The Trustee and Trust)/(the Fiduciary/Custodian) acknowledge receipt of a copy of the Membership and Account Agreement and Disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, I/we (The Trustee and Trust)/(the Fiduciary/Custodian) agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We (The Trustee and Trust)/(the Fiduciary/Custodian) authorize the Credit Union to verify credit and employment history from time to time by any means, including obtaining a consumer report prepared by a consumer reporting agency in order to determine account eligibility and, from time to time, eligibility for any other product or service offered by the Credit Union to its members.

PRIMARY OWNER 1	Member First Name	Middle Initial	Last (as shown on income tax return)	Birth Date
	Social Security Number			
	The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
	X			
	Signature (Owner or Fiduciary Representative)		Date	

OTHER SIGNER 2	Member First Name	Middle Initial	Last	Birth Date
	Social Security Number			
	Check one and provide supporting documents. (Note: if no box is checked this person will be a joint owner)			
	<input type="checkbox"/> Joint Owner <input type="checkbox"/> Guardian/Conservator <input type="checkbox"/> Rep Payee <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Trustee <input type="checkbox"/> Personal Rep			
	X			
	Signature		Date	

OTHER SIGNER 3	Member First Name	Middle Initial	Last	Birth Date
	Social Security Number			
	Check one and provide supporting documents. (Note: if no box is checked this person will be a joint owner)			
	<input type="checkbox"/> Joint Owner <input type="checkbox"/> Guardian/Conservator <input type="checkbox"/> Rep Payee <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Trustee <input type="checkbox"/> Personal Rep			
	X			
	Signature		Date	

Beneficiary Information and Provisions

Upon the death of the last surviving owner of the account, the surviving beneficiaries shall become the owners of the funds in the account. For additional important information concerning beneficiaries, please refer to the "Beneficiary Designations" section of the Membership and Account Agreement.

BENEFICIARY 1			PLEASE PRINT		
First Name	MI	Last	First Name	MI	Last
Relationship	Date of Birth		Relationship	Date of Birth	