



ACCOUNT CARD

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

<input checked="" type="checkbox"/>	Share/Savings	Suffix* _____	Member No.
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*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner		SSN/TIN
Street		Driver's Lic. No.
City/State/Zip		Date of Birth
Home Phone	Employment	
E-mail		Work Phone
Eligibility for Membership		

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,*
- (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 of 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. 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.

AUTHORIZATION

By signing below, I/we agree to be bound by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, which will be furnished to me/us, and to any amendment Generations Credit Union makes from time to time which are incorporated herein. I/We authorize the credit union to obtain a credit report. If an access card or EFT service is requested, I/we agree to be bound by the terms of the Electronic Funds Transfer Agreement, which also will be furnished to me/us. **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 Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

ACCOUNT OWNERSHIP & BENEFICIARY

Designate the ownership of the accounts and responsibility for the services requested.

Individual **Joint Account with Survivorship** **Joint Account without Survivorship**

Joint Owner (1)	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Work Phone

Joint Owner (2)	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Work Phone

Joint Owner (3)	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Work Phone

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee	Beneficiary/POD Payee
Street	Street
City/State/Zip	City/State/Zip



5618 Harrison Ave.
Rockford, IL 61108
Phone: 815-316-2900

REVOCABLE PROXY

I, _____, hereby constitute and appoint the Board of Directors in office from time to time of GENERATIONS CREDIT UNION as my proxy(ies) and authorize them to cast any votes I would be entitled to cast if personally present and act for me at any meeting of the members hereinafter held, from time to time and year to year for the purpose of the election of directors, of the GENERATIONS CREDIT UNION, or on proposals for merger of voluntary dissolution.

This proxy shall remain in full force and effect until revoked by me by one of the following means:

- (a) Delivery to the credit union of a statement in writing that this proxy is revoked; or
- (b) Execution of a subsequent dated proxy delivered to the credit union, or
- (c) Attendance at a meeting and voting in person on a matter subject of this proxy.

Authority under this proxy shall not exceed the limitations set forth in the Illinois Credit Union Act. In this instrument, the singular includes the plural and the masculine includes the feminine.

Signed this _____ day of _____ 20____. Account #: _____

Signature of Member

Membership Application Checklist

Please take a moment to verify that you have completed all of the following:

- The *Member Application and Ownership Information* section of this form with your name, address, telephone numbers, social security numbers, driver's license number, date of birth, e-mail address (if applicable) and eligibility for membership. (Eligibility includes 1.) anyone living or working in Boone, DeKalb, Ogle, Stephenson, or Winnebago counties, 2.) employees or retirees of Textron, or 3.) family members of Textron employees).
- (For individual accounts or joint accounts without survivorship) Beneficiary information.
- (For joint accounts) Account ownership information for all joint owners
- Signatures in the *Authorization* section of the application (all joint owners must sign)
- Signature on the revocable proxy.

In addition to the application, please provide the following with your completed application:

1. A copy of a government issued photo id for each joint owner (driver's license works well for this)
2. A copy of another government issued id for each joint owner (social security card works well for this)
3. Verification of eligibility (as necessary)
4. A check, or other form of payment, in the amount of \$25.50, \$25 is the par value of one share in our credit union and \$0.50 is the membership fee.