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(888) 832-1383 • (847) 742-6723 fax
www.cobcu.org • cobcu@brethren.org

Additional Account Type Application

(for members, students, employees, residents, and their families,
of all Church of the Brethren-affiliated institutions)

1. ELIGIBILITY	2. ACCOUNT OWNER	JOINT OWNER <small>with right of survivorship</small> (OPTIONAL)
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<input type="checkbox"/> Existing CoBCU Member Member Number _____	Name _____	Name _____
<input type="checkbox"/> Church of the Brethren Member Church Name _____	Street Address _____	Street Address _____
<input type="checkbox"/> Church of the Brethren Employee Church/Agency Name _____	City/State/Zip _____	City/State/Zip _____
<input type="checkbox"/> Resident/Employee of Retirement Com. Community _____	Home Phone _____	Home Phone _____
<input type="checkbox"/> Brethren College Student or Staff College _____	Cell Phone _____	Cell Phone _____
<input type="checkbox"/> Family of Member Member Name _____	E-mail Address _____	E-mail Address _____

3. IDENTIFICATION

Send a copy of each Account Holder's (Owner and Joint Owner) Driver's License or State ID, AND one of the following:

<input type="checkbox"/> Employer/Student ID	Date of Birth _____	Date of Birth _____
<input type="checkbox"/> Library Card	Employer _____	Employer _____
<input type="checkbox"/> Birth Certificate	Work Phone _____	Work Phone _____
<input type="checkbox"/> Marriage Certificate	Social Security Number _____	Social Security Number _____
	Driver's License/State ID Number _____ State _____	Driver's License/State ID Number _____ State _____

4. ACCOUNT TYPE

<input type="checkbox"/> Savings (Min. Deposit - \$25) <input type="checkbox"/> Individual <input type="checkbox"/> Joint <small>Savings account is required if not a current CoBCU member.</small>	<input type="checkbox"/> Money Market <input type="checkbox"/> Certificate of Deposit _____ (term) <input type="checkbox"/> Club Savings _____ (type) <input type="checkbox"/> Other _____
<input type="checkbox"/> Checking (Min. Deposit - \$25) <input type="checkbox"/> Individual <input type="checkbox"/> Joint <small>Checking accounts automatically come with a debit card. Would you also like to receive checks?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HSA <input type="checkbox"/> IRA <input type="checkbox"/> ESA

5. ACCOUNT OWNERSHIP

<input type="checkbox"/> Individual <input type="checkbox"/> Individual with Beneficiary <input type="checkbox"/> Joint <input type="checkbox"/> Custodian for _____ under the Illinois Uniform Transfers to Minors Act	<input type="checkbox"/> Joint with Beneficiary <input type="checkbox"/> Trust Account - Subject to Separate Agreement Dated _____ <input type="checkbox"/> Other _____
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6. BENEFICIARY DESIGNATION (optional) Percentage is assumed to be equal unless otherwise specified.

Check this box for HSA, IRA, or ESA. The beneficiary list on the other application will take precedence, and the following can be left blank.

%	Name	Mailing Address	Relationship	Birth Date	SS #

Turn to back page to complete application.

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 the account. What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

7. TAXPAYER IDENTIFICATION

Under penalties of perjury, I certify that:

1. The Social Security or Tax ID Number listed in the Account Owner/Joint Owner section is my correct taxpayer identification number, 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. citizen or U.S. resident alien.

Certification instructions. You must cross out item 2 under penalties of perjury 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.

Signature **X** _____ Date _____.

8. SIGNATURES (ALL JOINT OWNERS MUST SIGN ACCOUNT AGREEMENT)

By signing below I certify that all information on this application is complete and correct, I am applying for membership in Church of the Brethren Credit Union, agree to follow its by-laws and amendments, and subscribe to at least one share. We agree to the terms and conditions on the account agreement documents that govern the account type and ownership selected, and acknowledge receipt of all agreements and disclosures applicable to the accounts and services requested, including the Account Disclosures, Terms and Conditions, Electronic Funds Transfer, Truth in Savings, and Funds Availability Policy. I agree and accept CoBCU's right to amend any of these items/disclosures from time to time. You are authorized to obtain copies of my consumer reports, now and in the future, in order to determine my eligibility for products and services offered by or through the Credit Union, regardless of whether I have applied for the product or service.

If checked, member agrees to the terms of proxy below.

(1) **X** _____ Account Owner (2) **X** _____ Joint Owner

PROXY

The member does hereby constitute and appoint the members of the Board of Directors of this Credit Union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the member is entitled, for the election of directors, mergers, and any matter with regard to which Credit Union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of said Credit Union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

Summary of Courtesy Pay for Checking Accounts

(Please see the complete disclosure on our Web site at www.cobcu.org)

Church of the Brethren Credit Union offers Courtesy Pay services for its members with checking (share draft) accounts. The Courtesy Pay service is meant to provide limited relief to members who inadvertently overdraw their checking accounts by paying items that would otherwise be returned "NSF." The Credit Union will, at its sole discretion, overdraft (i.e. allow a negative account balance) an account when a member presents for payment a check, pre-authorized ACH, debit or ATM card transaction without sufficient funds in the member's checking account. This is a privilege that the Credit Union extends to members who meet the program's guidelines and can be revoked by the Credit Union if a member abuses its use.

Members may opt out of the program by contacting the Credit Union.

The Credit Union reserves the right to return any non-sufficient funds item.

Payment Considerations

Credit Union Operations will decide whether to pay or return each overdraft item. In general, if the member has not abused the privilege in the past, the item will be paid.

Share draft items will be paid in dollar amount order with the smallest items paid first. Pre-authorized ACH items will be paid in file order. ATM and debit card items will be paid in time order.

Courtesy Pay Repayment

It is assumed that Courtesy Pay overdrafts will cover members only until they receive their next pay check. It is not intended to allow monthly payments.

For questions or more information on Courtesy Pay, contact CoBCU at **888-832-1383**.

* Note that the \$25 in your savings account is your membership share, so a balance of at least \$25 must remain in your savings account as long as you are a member. The \$25 required to open your checking account is available for your use at any time. There is no minimum balance required for checking accounts.

Copies of the Account Disclosures, Terms and Conditions, Electronic Funds Transfer, Truth in Savings, and other disclosures can be requested by calling **888-832-1383**.

Please remember that Bill Pay service is free if you make at least one payment per month. Failure to do so will incur a monthly fee of \$5.00.

Additional information about fees is available at www.cobcu.org.

PLEASE MAKE A COPY OF THIS PAGE FOR YOUR RECORDS.