

CREDIT UNION:

**Marshland Credit Union**  
3650 Community Road  
Brunswick, GA 31520  
(912) 279-2000

# MASTER MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

## Primary Member (Applicant)

Member No. \_\_\_\_\_

I.D. Type/No./State \_\_\_\_\_

Name:	Birth Date	Social Security No./TIN	Date Issued	Expiration
Physical Address (Street, City, State, Zip)		Home Telephone No.		Since (mo/yr)
Password	Email Address		Cell Phone No.	
Employer	Gross Monthly Income	Employer Telephone No.	Since (mo/yr)	
Employer Address (Street, City, State, Zip)			Second I.D.	
How Are You eligible for membership?				
<input type="checkbox"/> I am an existing member		<input type="checkbox"/> Relative of Member		
		<input type="checkbox"/> Marketing Code _____		
Name and Address of Relative Not Living With You				

## Joint Owner 1 (Joint Applicant)

I.D. Type/No./State \_\_\_\_\_

Name:	Birth Date	Social Security No./TIN	Date Issued	Expiration
Physical Address (Street, City, State, Zip)		Home Telephone No.		Since (mo/yr)
Employer	Gross Monthly Income	Employer Telephone No.	Since (mo/yr)	
Employer Address (Street, City, State, Zip)			Second I.D.	

## Joint Owner 2 (Joint Applicant)

I.D. Type/No./State \_\_\_\_\_

Name:	Birth Date	Social Security No./TIN	Date Issued	Expiration
Physical Address (Street, City, State, Zip)		Home Telephone No.		Since (mo/yr)
Employer	Gross Monthly Income	Employer Telephone No.	Since (mo/yr)	
Employer Address (Street, City, State, Zip)			Second I.D.	

## Account Ownership

<input type="checkbox"/> Individual	<input type="checkbox"/> POD	<input type="checkbox"/> Trust for Named Beneficiary (see reverse of this application)
<input type="checkbox"/> Joint (with rights of survivorship)	*Payable on death (POD) option and overdraft coverage do not apply to this account.	
	<input type="checkbox"/> Custodial (minor account)	

## Account Services

<input type="checkbox"/> Payroll Direct Deposit	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Other _____
<input type="checkbox"/> Overdraft Protection	<input type="checkbox"/> Telephone Teller	<input type="checkbox"/> ATM Card	

You authorize the Credit Union to cover overdrafts in your checking/savings account by automatically transferring the necessary funds from your Line of Credit Loan(s) or share savings. Transfers from Line of Credit are in \$50.00 increments. Transfers from Shares are in exact amounts.

**Totaloan Account** – by checking this box you are applying for an open-end credit plan. You can open a Credit Plan EVEN if you are NOT requesting credit today. Once approved, this plan enables you to request an advance (subject to credit approval) today or in the future by mail, phone, fax, e-mail or any other access method we offer.

If this box is checked, You request the credit union to provide documentation electronically via email as specified on page 1 according to the Electronic Documentation provision of the Membership Account Agreements, which you acknowledge reading and agree to its terms.

**ACCOUNTS ARE NON-TRANSFERABLE**

**Additional Joint Owners**

				I.D. Type/No./State	
Name	Birth Date	Social Security No./TIN	Date Issued	Expiration	
Signature <b>X</b>					
				I.D. Type/No./State	
Name	Birth Date	Social Security No./TIN	Date Issued	Expiration	
Signature <b>X</b>					

**Trust for Named Beneficiary**

Beneficiary Name	Social Security No./TIN	Beneficiary Name	Social Security No./TIN
Trust Accounts will only be opened by the Credit Union if the Trust type and/or documentation presented to the Credit Union is in a manner acceptable to the Credit Union's underwriting policies. It is the member's responsibility to determine and understand the legal issues and effects related to this type of Account.			

**Important IRS Information – TIN Certification**

By signing herein, you certify in accordance with IRS W-9 instructions and under penalty of perjury, (1). that the number shown herein is your correct taxpayer identification number (or are waiting for a number to be issued to you), (2). that unless designated below, you are not subject to backup withholding either because you have not been notified that you are subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified you that you are no longer subject to backup withholding and (3). that, unless designated below, you are a U.S. person (including a U.S. resident alien). THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

You are subject to backup withholding    
  You are exempt    
  You are a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

**Payable on Death Designation "P.O.D" - Provide the following information to designate a P.O.D Beneficiary**

Beneficiary Name	Relationship	Social Security No./TIN	Ownership
Mailing Address (City, Street, State, Zip)			
Beneficiary Name	Relationship	Social Security No./TIN	Ownership
Mailing Address (City, Street, State, Zip)			
<input type="checkbox"/> <b>TOTALOAN ACCOUNT: BY CHECKING THIS BOX, you are applying for a Permanent Loan Agreement Credit Plan. You may open a credit plan EVEN if you are NOT requesting credit today. Once approved, this plan enables you to request loans (subject to credit approval) today or in the future by mail, phone, fax, e-mail or any other access method we offer.</b>			
We intend to apply for joint credit. We understand that we are both liable for any advances, now and in the future, obtained under the plan.			
Signature		Signature	

**Signatures**

By signing below, You hereby make application for membership in the Credit Union and agree to subscribe for at least one share. In considering this application and/or request for financial services, You authorize the Credit Union to check your credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with you. You understand that knowingly and willfully providing false or misleading information to the Credit Union is a Federal criminal offense. Further, you agree to conform to the Credit Union's rules, regulations, by-laws and policies, now in effect and as amended or adopted hereafter. You acknowledge receipt of the Credit Union's account agreements for the type of account(s) and service indicated in this membership application, including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. 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 for you: When you open an account, we will ask 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 and other identifying information. You agree you are not engaged in unlawful internet gambling. You agree that we may decline to process or pay any transaction involving or related to unlawful gambling activity. Marshland may terminate your account relationship if you engage in unlawful gambling.

If you are opening a Totaloan Account, **you grant us a security interest in your individual and joint share accounts to secure what you owe. When you are in default you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account and any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits.**

**If you are applying for credit you authorize the Credit Union to check your credit history, employment history and obtain a credit report.**

If you applied for a Totaloan Account, your signature is your acknowledgement of receipt of the loan agreement and your agreement to be bound by the terms and conditions of the agreement.

If your checks are lost or stolen, you agree your account will be closed and a new one opened for the protection of both you and the Credit Union.

We intend to apply for joint credit under the Totaloan Simplified Loan Program. We understand that we both are liable for repayment of any advances (now and in the future) obtained under the plan.

Applicant Initials: \_\_\_\_\_ Joint Applicant Initials: \_\_\_\_\_

Primary Owner Signature _____	Date _____	Joint Owner Signature _____	Date _____
Joint Owner Signature _____	Date _____	Joint Owner Signature _____	Date _____

**FOR CREDIT UNION USE ONLY**

Employee Name	SSN Issued	Chexsystems	Remarks
		_____ No Record	
	State _____	_____ No Retail	
			Date _____