

Account Number: _____ Eligibility: Farms

Student-Run Credit Union Account Application

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, as set forth in the Patriot Act, 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 for your name, physical address, 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 information.

Student Name _____	Social Security Number _____
Address _____	Date of Birth _____
_____	Mother's Maiden Name _____

No Withdrawal for Primary Member. This designation means the student is not allowed to make withdrawals from his or her account without the signature of the parent or guardian on the account. It is not automatically removed on the student's 18th birthday, but can be removed at any time when the parent or guardian on the account signs an Account Change Card to do so. If the student cannot sign their name in cursive, or does not sign their name in cursive below, this designation will be placed on the account by default.

Joint Owner Information

At least one parent or guardian is required to be on the account along with the student. A copy of each parent or guardian's driver's license **must** accompany this application in order for the account to be opened.

1. Name _____	Social Security Number _____
Address _____	Date of Birth _____
_____	Mother's Maiden Name _____
Email _____	Phone Number _____
2. Name _____	Social Security Number _____
Address _____	Date of Birth _____
_____	Mother's Maiden Name _____
Email _____	Phone Number _____

Beneficiaries (Optional)

In the event of the death of all account owners, account funds will be payable upon demand to the beneficiaries listed below:

Name _____	Date of Birth _____	SSN _____
Name _____	Date of Birth _____	SSN _____

Under penalties of perjury, I/we certify that: (1) the Social Security number on this form is correct (or I am waiting for a number to be issued); (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 US citizen or US resident alien.

By signing below, I/we agree that all information provided on this form is true and correct. I/we agree to the terms and conditions of LOC Federal Credit Union, set forth in the required disclosures at this time and as they may be amended in the future.

Student Signature (in cursive): _____	Date: _____
Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____