

W.B.R.T. Federal Credit Union
1044 Michigan Avenue
Port Allen, LA 70767
(225) 344-0318
(225) 346-1317

SHARE ACCOUNT CARD AND AGREEMENT

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 (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 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.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: _____ Member No: _____
Street: _____ SSN/TIN: _____
City/State/Zip: _____ Driver's Lic. No: _____
Home Phone: _____ Date of Birth: _____
 Listed Unlisted Password: _____
Work Phone: _____ Employer: _____
Employer's Address: _____
Membership Eligibility: _____ E-mail: _____

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card
Date of Membership: _____ Opened /App'd by: _____ Member Verification: _____
 Credit Report Check Verify PIN Request
 Access Card Audio Response PC Access/Internet Banking

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01, 04, 07, ALL RIGHTS RESERVED

TO ORDER 1-800-356-5012

D1155-FK1 Rev. 01/07(V.1)

ACCOUNT OWNERSHIP

Designate the ownership of the share account.

- Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner: _____
Street: _____ SSN/TIN: _____
City/State/Zip: _____ Driver's Lic. No: _____
Home Phone: _____ Date of Birth: _____
 Listed Unlisted Password: _____
Work Phone: _____ E-mail: _____

Joint Owner: _____
Street: _____ SSN/TIN: _____
City/State/Zip: _____ Driver's Lic. No: _____
Home Phone: _____ Date of Birth: _____
 Listed Unlisted Password: _____
Work Phone: _____ E-mail: _____

BENEFICIARY DESIGNATIONS

Payable on Death (POD)/Trust Account
Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____

AUTHORIZATION

By signing below, I/we certify that all the information on this Account Card is complete and I/we agree to the terms and conditions of the Share Account Agreement on this card and the Truth-in-Savings Disclosure and to any amendment the credit union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreement and disclosures. *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 _____