

GCEFCU
 190 Aviation Plaza, Suite E
 Hot Springs, AR 71913
 Fax: (501) 318-2317

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____ Member No. _____
 Street _____ SSN/TIN _____
 City/State/Zip _____ Driver's Lic. No _____
 Phone Home () _____ Date of Birth _____
 Work() _____ Mother's Maiden Name _____
 Email _____ Employment _____
 Membership Eligibility _____

MULTIPLE PARTY INFORMATION

Joint/Owner _____ Member No. _____
 Account Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No _____
 City/State/Zip _____ Date of Birth _____
 Phone Home () _____ Work() _____ Password _____
 Email _____ Employment _____
 Eligibility for Membership _____

Joint/Owner _____ Member No. _____
 Account Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No _____
 City/State/Zip _____ Date of Birth _____
 Phone Home () _____ Work() _____ Password _____
 Email _____ Employment _____
 Eligibility for Membership _____

ACCOUNT TYPE

<input type="checkbox"/>	Share Savings/Regular	<input type="checkbox"/>	6-Month Term Share Certificate
<input type="checkbox"/>	Share Savings/Minor	<input type="checkbox"/>	12-Month Term Share Certificate
<input type="checkbox"/>	Holiday Club (Circle one - Vacation/Christmas)	<input type="checkbox"/>	

ACCOUNT SERVICES

<input type="checkbox"/>	Payroll Deduction/Direct Deposit	<input type="checkbox"/>	Other
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ACCOUNT OWNERSHIP SELECTION

NOTICE: The type of account you select may determine how ownership of your property passes on your death. Your Will may not control the disposition of funds held in some of the following accounts. The selection you make below will apply to all the accounts listed above.

- _____ Single-Party account with "P.O.D." (Payable on Death) designation
- _____ Multiple-Party account with Right of Survivorship.
- _____ Multiple-Party account with Right of Survivorship and "P.O.D." (Payable on Death) designation

I designate _____ as the beneficiary of any life insurance carried on my life by Garland County Educators' Federal Credit Union. I reserve the right to change the beneficiary or assign the same with the consent of the issuing company.

POD BENEFICIARIES

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts listed above.

Beneficiary _____ Beneficiary _____
 Street _____ Street _____

City/State/Zip _____

City/State/Zip _____

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 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 U.S. resident alien).

I am subject to backup withholding

I am exempt

I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

CREDIT UNION LIEN AND SECURITY INTEREST

Your credit union has a right granted by the Federal Credit Union Act, "to establish a right in or claim to a member's shares and dividends equal to the amount of that member's outstanding financial obligation to the credit union as it exists as that amount varies from time to time." The lien is not a set amount, but it floats with the amount of your indebtedness. This is the Credit Union's notice to you of our Statutory Lien under the Federal Credit Union Act. "If you are in default, the shares and dividends in your Accounts, at the time of default may be used to satisfy that obligation. Once you are in default, we may exercise our right without further notice to you."

JOINT TENANCY SHARE ACCOUNT AGREEMENT WITH THE RIGHT OF SURVIVORSHIP

GCEFCU is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares or heretofore paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon are and shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Said joint owners do further agree that any amounts added to this account by reason of any life insurance shall be paid to the surviving joint tenant or joint tenants who are hereby designated as the beneficiary or beneficiaries of such insurance.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right of authority of the Credit Union under this agreement shall not be changed or terminated by said owners or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made. Shares are not transferable except on the books of the Credit Union.

AUTHORIZATION

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT services is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I hereby certify that the foregoing information is a true and correct statement to the best of my knowledge and ability and made for the purpose of obtaining credit or account service(s). The undersigned authorizes the above named Credit Union, in its discretion, to verify my credit and employment history, and information, if any, obtained from a credit reporting agency, and to answer any question about your credit experience with me. The undersigned also understands that this account shall be reported for credit purposes in the names of those signed below.

X _____
Signature(Members) Date

X _____
Signature(Joint Owner) Date

X _____
Signature(Joint Owner) Date

X _____
Signature(Joint Owner) Date

FOR CREDIT UNION USE ONLY

Date of Membership/Update _____
Disapproval _____
OFAC Verification _____

Opened/Approved by _____
Membership Officer _____