



BEEHIVE FEDERAL CREDIT UNION

Main Branch
65 South Center
PO Box 40
Rexburg, ID 83440
(208) 656-1000
Idaho Falls Branch
1650 East Sunnyside Rd.
Idaho Falls ID, 83404
(208) 528-6767
www.bhive.org

ACCOUNT CARD

Member No: 36363

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: BO MOULTON

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Survivorship Joint Account without Survivorship

Street: 6095 RUFFED GROUSE RD SSN/TIN: 518-19-0149

City/State/Zip: TETONIA, ID 83422 Driver's Lic. No:

Home Phone: (208) 317-9050 Listed Unlisted Date of Birth: 11/26/1979

Work Phone: (000) 000-0000 Password:

E-mail: Membership Eligibility:

Employer:

ACCOUNT OWNERSHIP

Joint Owner: EMMYLOU MOULTON SSN/TIN: 518-51-2897

Street: Driver's Lic. No.:

City/State/Zip: , 00000 Date of Birth: 11/08/84

Home Phone: (208) 317-9050 Listed Unlisted Password:

Work Phone: E-mail:

Joint Owner: SSN/TIN:

Street: Driver's Lic. No.:

City/State/Zip: Date of Birth:

Home Phone: Listed Unlisted Password:

Work Phone: E-mail:

Joint Owner: SSN/TIN:

Street: Driver's Lic. No.:

City/State/Zip: Date of Birth:

Home Phone: Listed Unlisted Password:

Work Phone: E-mail:

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee: Beneficiary/POD Payee:

Street: Street:

City/State/Zip: City/State/Zip:

UTTMA/UGMA (as custodian for (minor) under the Uniform Transfers/Gifts to

Minors Act)

Minor's SSN/TIN:

Agency Name of Agent: (please print)

Signature (date)

Other: See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts unless the credit union is notified in writing of a change.

Share/Savings Money Market

Share Draft/Checking Other

Share Certificate Other

* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority):

ATM Card: Debit Card:

PC Access/Internet Banking:

Other:

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 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.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, 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 applicable to the accounts and services requested herein. If an access card or EFT service 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.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Credit Report

Check Verify

Member Verification:

Access Card

Audio Response

PIN Request

PC Access/Internet Banking