

Germania Credit Union  
507 Highway 290 East  
PO Box 645  
Brenham, TX 77833

For Credit Union Use Only:  
Account No. \_\_\_\_\_  
Date Opened: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 6. ACCOUNT OWNERSHIP AND SURVIVORSHIP

- (a) Please refer to your Account Agreement for a description of the different types of account ownership available to you.  
(b) Please designate whether your account(s) will be single party (individual) or joint account(s), or both.  
(c) Please identify any joint owners and/or beneficiaries and designate the applicable accounts, if any.

**Single Party.** If single party account(s) selected, designate which account(s):  
 All Accounts  Designated Specific Accounts (e.g., 1A, 1B, etc.) \_\_\_\_\_

### **Joint Account With Right of Survivorship**

If joint account(s) selected, provide the following information about the joint owner:

Joint Owner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
SSN/TIN \_\_\_\_\_  
Home Telephone No. (\_\_\_\_) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Work Telephone No. (\_\_\_\_) \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Designate Joint Account(s) For This Joint Owner:

All Accounts  Designated Specific Accounts (e.g., 1A, 1B, etc.) \_\_\_\_\_

If an additional joint owner requested, provide the following information:

### **Joint Account With Right of Survivorship**

Joint Owner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
SSN/TIN \_\_\_\_\_  
Home Telephone No. (\_\_\_\_) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Work Telephone No. (\_\_\_\_) \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Designate Joint Account(s) For This Joint Owner:

All Accounts  Designated Specific Accounts (e.g., 1A, 1B, etc.) \_\_\_\_\_

### **Texas Uniform Transfers to Minors Act Account**

This account will be established in the name of the adult as custodian for the minor named below under the Texas Uniform Transfers to Minors Act.

Custodian's Name \_\_\_\_\_ Minor's Date of Birth \_\_\_\_\_  
Minor's Name \_\_\_\_\_ Home Telephone No. (\_\_\_\_) \_\_\_\_\_  
Minor's Address \_\_\_\_\_ Minor's SSN/TIN \_\_\_\_\_  
Relationship to Member \_\_\_\_\_

### **Payable on Death (P.O.D.) Beneficiary**

If you want a P.O.D. Beneficiary on your account(s), provide the following information:

P.O.D. Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Designate P.O.D. Account(s) For This P.O.D. Beneficiary:

All Accounts  Designated Specific Accounts (e.g., 1A, 1B, etc.) \_\_\_\_\_

If you want a P.O.D. Beneficiary on your account(s), provide the following information:

P.O.D. Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Designate P.O.D. Account(s) For This P.O.D. Beneficiary:

All Accounts  Designated Specific Accounts (e.g., 1A, 1B, etc.) \_\_\_\_\_

### FOR CREDIT UNION USE ONLY:

Approved by:  Board of Directors  Membership Officer

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

## MEMBERSHIP APPLICATION AND ACCOUNT AUTHORIZATION

### 1. MEMBER INFORMATION

Name (Last, First, Middle) \_\_\_\_\_  
Address (Street, City, State, Zip) \_\_\_\_\_

Home Telephone No. (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employer \_\_\_\_\_

Position/Title \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Eligibility for Membership \_\_\_\_\_

Name, Address and Telephone No. of Someone Who Will Always Know Your Location \_\_\_\_\_

### 2. ACCOUNT TYPES

Please select the types of accounts you want by initialing below:

Savings and Share Draft	Savings and Share Draft
____ 1A. Regular Share	____ 1D. TUTMA
____ 1B. Share Draft	____ 1E. _____
____ 1C. Money Market	____ 1F. _____
____ 2A. 6 Month CD	____ 2D. 24 Month CD
____ 2B. 12 Month CD	____ 2E. 36 Month CD
____ 2C. 18 Month CD	____ 2F. _____

**Account Ownership:** For the account(s) selected above, there are different types of account ownership available to you. Please complete the ACCOUNT OWNERSHIP AND SURVIVORSHIP section on the reverse side for each account.

### 3. ACCOUNT SERVICES

Please select the type of account services you want on your account(s):

Payroll Deduction  Other \_\_\_\_\_  
 Overdraft Protection from Shares  Other \_\_\_\_\_

### 4. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

(Under penalties of perjury, I certify that: (1) The number 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).

**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.

### 5. SIGNATURE AND AUTHORIZATIONS

By signing below, I hereby make application for membership in GERMANIA CREDIT UNION and agree to subscribe for a least one share. In considering this application and/or any request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with me. I/we agree to conform to the Credit Union's Rules, regulations, bylaws, and policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt of the Credit Union's Account Agreement, Truth in Savings Account Disclosures and Rate and Fee Schedules, Electronic Fund Transfers Agreement and Disclosures, Funds Availability Policy, and Privacy Notice, all of which are incorporated into and made a 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. If I/we have designated any account opened to be a joint account with right of survivorship, then on the death of one party to such account, all sums in the account on the date of the death shall vest in and belong to the surviving party as his or her separate property and estate.

**The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholdings.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_