

If you are eligible to join Century Credit Union because you live or work in St. Louis County, Jefferson County or Franklin County, Mo., please complete & mail this application with initial share deposit of \$25 (check or money order) to Century Credit Union at 1540 Lemay Ferry Rd. • St. Louis, MO 63125. Questions? Call us at 314-544-1818!

Application for Century Credit Union Membership Account No: _____

Name _____ Home Phone _____

Street Address _____ City, State, Zip _____

Employer _____ Years There _____ Business Phone _____

Membership Eligibility (check one): Family Member Zip Code County Company Other (specify) _____

Joint Owner Name _____ Home Phone _____

Joint Owner Name _____ Home Phone _____

Share Account Agreement

By signing below, I (primary member) hereby make application to join Century Credit Union and agree to be bound by all terms and conditions of any and all accounts I have now or in the future. In the event of more than one signature, this account shall be considered a joint account. I and all joint tenants agree that the Credit Union may change the terms and conditions of that account from time to time and we agree to conform to the bylaws and any amendments thereof in Century Credit Union. The Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account.

If this is a joint account, the primary and joint owner(s) hereby agree with Century Credit Union that all sums now paid in on shares, or hereto or hereafter paid in on shares to their Credit Union with all accumulations thereon, are and shall be owned by them jointly with rights of survivorship. The withdrawal or receipt of any of them, and payments to any of them or the survivors shall be valid and discharge said Credit Union from any liability for such payment.

Primary and/or joint owner(s) hereby grant security interest in this account for all loans or other obligations whether jointly or individually made or owned and hereby agree that this/ these account(s) is/are subject to setoff by the statutory lien of the Credit Union. The right or authority of the Credit Union, under this agreement, shall not be changed or terminated by said owner(s) or any of them by written notice to said Credit Union which shall not affect transactions hereto made

Illegal Use of Financial Service: Financial services provided by the Credit Union may only be used for transactions permitted by law. The use of any financial service provided by the Credit Union for an illegal transaction or an illegal purpose is strictly prohibited. If you use a financial service for an illegal transaction or an illegal purpose, then 1) you will be in default under the particular terms of the agreement establishing the financial service, notwithstanding any terms in that agreement to the contrary; 2) at the discretion of the board of directors and at any time thereafter, pursuant to Section 370.340.2 RSMo, as amended from time to time, your membership privileges may be suspended or terminated and/or you may be expelled from memberships in the Credit Union; and 3) you waive your right to bring any legal action against the Credit Union that arises out of or related to such illegal use or any activity directly related to such use. You hereby agree to indemnify and hold the Credit Union harmless from any suits or other legal action, or other liability, directly resulting from such illegal use, including where permitted by law, court costs and reasonable attorney's fees.

Authorization

I/We authorize the Credit Union to check my/our account, employment and credit history and obtain reports from third parties, including reports from consumer reporting agencies, for the propose associated with my/our account(s) or service(s). I understand that this application may be imaged by the Credit Union and stored as an image electronically (Electronic record), and the original application may be destroyed. I/we hereby consent to the admission and use of an electronic record of this Application in any proceeding with the Credit Union and agree that such electronic record shall be considered an original.

Owner(s) Signature(s)	Social Security or Tax ID Number	Date of Birth
X _____	_____	_____
_____	_____	_____
_____	_____	_____

(Instruction to Signer: Cross out item 2 below 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-8BEN if you are not a U.S. person).

Certification as to Taxpayer Identification Number and Backup withholding: Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number, and (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 IRS that I am subject to backup withholding as a result of 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).

Signature **X** _____ Date _____

DESIGNATION OF PAYABLE ON DEATH BENEFICIARY(IES)

I/we, _____ and _____, JTWR0S*, under the Nonprobate Transfer Law Of Missouri (applicable only to the extent utilized herein) hereby designate, _____ and _____ presently residing at _____ and _____ as the beneficiary(ies) on Acct. No. _____ and as such on death of the owner (or owners, if joint), any sums remaining on deposit not covered by separate share agreements belong to the surviving payable on death beneficiary(ies).

If there is more than one payable on death beneficiary, this share account will be paid in equal shares. Any such payment, made by the Credit Union, shall satisfy the requirements of this Payable on Death provision, without necessity of determining whether any other person shall have an interest in the account, unless the Credit Union has been served with process restricting payment on the account in accordance with the terms of such process.

This account shall, during the lifetime of the sole owner or joint owners, be his/her/their property and under his/her/their sole control and this Designation of Payable on Death Beneficiary(ies) is revocable by being canceled, changing pay on death direction, or otherwise dealing with this account as if there were no payable on death beneficiary. If there is more than one owner, all owners must consent to a revocation or change of beneficiary(ies).

This account: (1) is subject to the deduction from the account of all charges owing, withdrawals and the payment of all checks and drafts which clear this account in the regular course of business prior to a request by the pay-on-death beneficiary(ies) for payment; (2) includes all credit, interest, and dividends earned on this account; (3) is not subject to any amendment or change by will or other separate agreement.

Primary Owner Signature **X** _____ Date _____

Joint Owner Signature _____ Date _____

JTWR0S means joint tenants with right of survivorship or by the entirety from and after the marriage of the owners. This should be deleted if there is one owner.

FOR OFFICE USE ONLY:

Signed (person representing approval of application) _____ Date _____