

Signature Card

<i>Please check appropriate box(es)</i>	Savings #		
□ Opening New Account	Name		
□ Adding Joint Member	ID #	A/C Type	
□ Changing Name	CHK/MMA Digit	Date	
□ Transfer A/C from #	EMP	Office	

ACCOUNT INFORMATION

Please check the box(es) below to indicate the account(s) you wish to open or currently have and the service(s) you are requesting.

Savings Account (required to open other accounts)

□ _____ (Insert 1-35) My Use Account(s) (You may open up to 35 My Use accounts by inserting the number of accounts requested in the space provided.)

□ Insured Money Market Account ("IMMA")

□ Checking Account (Check one):

- □ Checking (*non-dividend bearing*)
- Dividend Checking

□ Holiday Saver (Please designate maturity date and account to be paid)

Pay at maturity (check one):
October 1 or
November 1

 $\Box\,$ Deposit to Primary Member's:

Savings Account

□ My Use Account Suffix _____

□ Checking Account □ IMMA

Deposit to the following account:

Name _

Account # __

_____ Suffix _

PROXY

I hereby appoint the members of the Board of Directors of Citizens Equity First Credit Union ("CEFCU"), who are qualified and acting directors at the time this proxy is used ("the directors"), as my proxies to vote all shares of CEFCU now or hereafter owned or held by me for the election of directors, and any other matter that credit union members are entitled to vote by proxy. I authorize a majority of the directors to vote my share(s) as they see fit, at all meetings of the members of CEFCU hereafter held until this proxy is canceled by me. I further authorize the directors to designate a person or committee to cast my vote(s) in such manner and for such candidates or for or against such proposals as a majority of the directors shall see fit.

X
Primary Member Signature

Date

MEMBER(S) SIGNATURE(S) — *REQUIRED*

Important: The Primary Member and all Joint Members listed on the reverse side for any account(s) must sign this Signature Card. By signing this Signature Card, the Primary Member and any Joint Member(s) agree(s) to the provisions, terms, and conditions hereof and any applicable Designation, the Deposit Account Agreement, the Savings & Checking Accounts Rate Schedule, the Fee Schedule, and the Funds Availability Policy, which are incorporated herein by reference.

(1) the Social Security w is my correct taxpayer ng because (a) I have not t to backup withholding IRS has notified me that . citizen or U.S. resident icating that I am exempt	X Primary Member Signature X Joint Member Signature	Date
you have been notified ecause you have failed to ode(s) can be entered on	<u>x</u> Joint Member Signature <u>x</u>	Date
entification Number	Joint Member Signature	Date
Date	x Joint Member Signature	Date

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license or other identifying documents.

IDENTITY VERIFICATION	N (For Office Use Only)		
Government-Issued ID (e.g.	Driver's Lic/State ID)	ID Number	
Place of Issue	Issue Date	Expiration Date	
Other ID Type and ID Num	ber		
Place of Issue	Issue Date	Expiration Date	
ID Method: \Box DO \Box CX	$\square CB \square TI \square P$ Verified by	:	
PRIMARY MEMBER Please complete all information	ion fully. Print or type.		
□ Mr. □ Mrs. □ Ms.	□ Jr. □ Sr.		
Last Name	First Name		Initia
Street Address		Birthdate	
City/State/ZIP			
Mailing Address (if different))		
City/State/ZIP			
Home Phone	Cell Phone	Business Phone	
Email Address			
Employer	Job Title		
Name of Nearest Relative	Relationship		
Address		Home Phone	

TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Under penalties of perjury, I, the Primary Member, certify that: (1) the Social Security Number or Individual Taxpayer Identification Number shown below is my correct taxpayer identification number; and (2) I am not subject to backup withholding because (a) 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 (b) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or U.S. resident alien; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is/are correct.

Certification Instructions: You must 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. No FATCA code(s) can be entered on this form, so item (4) above does not apply.

Primary Member's Social Security Number or Individual Taxpayer Identification Number

Primary Member Signature

Joint Member Information

Please complete the Joint Member Information section for each Joint Member desired.

Specify the account(s) the Joint Member(s) is (are) to have access to by checking the appropriate box(es).

Joint Member(s) may transact business on the account(s) for which he/she/they is(are) shown as Joint Member(s).

Savings #

IDENTITY VERIFICATION (For Office 0	Use Only)			IDENTITY VERIFICATION (For Office	Use Only)		
Government-Issued ID (e.g. Driver's Lic/Stat	te ID)	ID Number		Government-Issued ID (e.g. Driver's Lic/Sta	te ID)	ID Number	
Place of Issue	Issue Date	Expiration Date		Place of Issue	Issue Date	Expiration Date	
Other ID Type and ID Number				Other ID Type and ID Number			
Place of Issue	Issue Date	Expiration Date		Place of Issue	Issue Date	Expiration Date	
ID Method: \Box DO \Box CX \Box CB \Box TI	\square P Verified by: _			ID Method: \Box DO \Box CX \Box CB \Box TI	\square P Verified by: _		
JOINT MEMBER INFORMATION				JOINT MEMBER INFORMATION			
□ Mr. □ Mrs. □ Ms.	□ Jr. □ Sr.			□ Mr. □ Mrs. □ Ms.	□ Jr. □ Sr.		
Last Name	First Name		Initial	Last Name	First Name	Ini	itial
Street Address				Street Address			
City/State/ZIP		Phone		City/State/ZIP		Phone	
Mailing Address (if different)				Mailing Address (if different)			
City/State/ZIP				City/State/ZIP			
Social Security Number Birthdate	Relationsh	ip to Primary Men	ıber	Social Security Number Birthdate	Relationsh	ip to Primary Member	r
Employer	Job Title			Employer	Job Title		
Joint Member has access to the following □ Savings (includes My Use Accounts) □ Checking	accounts: □ Holiday Saver □ Insured Money M	Market Account		Joint Member has access to the following □ Savings (includes My Use Accounts) □ Checking	accounts: □ Holiday Saver □ Insured Money M	Market Account	
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