



Not a bank. Better.®

P.O. Box 1715, Peoria, IL 61656-1715

# Signature Card

Please check appropriate box(es)	Savings #	
<input type="checkbox"/> Opening New Account	NAME	
<input type="checkbox"/> Adding Joint Member	ID #	A/C Type
<input type="checkbox"/> Changing Name	CHK/MMA Digit	Date
<input type="checkbox"/> Transfer A/C from # _____	EMP	Office

## 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 (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 Number

Place of Issue Issue Date Expiration Date

ID Method:  DO  CX  CB  TI  P Verified by: \_\_\_\_\_

## PRIMARY MEMBER INFORMATION

Please complete all information fully. Print or type.

Mr.  Jr.  
 Mrs.  Sr.  
 Ms.

Last Name First Name Initial

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

The Primary Member certifies, under penalty of perjury, that: (1) the social security number shown on this form is his/her correct taxpayer identification number; (2) he/she is not subject to backup withholding because (a) he/she is exempt from backup withholding, or (b) he/she has not been notified by the Internal Revenue Service (IRS) that he/she is subject to backup withholding as a result of failure to report all interest or dividends, or (c) he/she has been notified by the IRS that he/she is no longer subject to backup withholding; and (3) he/she is a U.S. person (including a U.S. resident alien).

**Certification Instructions:** You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Taxpayer Identification Number / Social Security Number

Primary Member Signature Date

## 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

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.

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.

Primary Member Signature Date

Joint Member Signature Date

Joint Member Signature Date

Joint Member Signature Date

Joint Member Signature Date

- 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).

# Joint Member Information

## Identity Verification (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 Number		
Place of Issue	Issue Date	Expiration Date
ID Method: <input type="checkbox"/> DO <input type="checkbox"/> CX <input type="checkbox"/> CB <input type="checkbox"/> TI <input type="checkbox"/> P Verified by: _____		

<input type="checkbox"/> Mr.	<input type="checkbox"/> Jr.	
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Sr.	
<input type="checkbox"/> Ms.		
_____	_____	_____
Last Name	First Name	Initial
Street Address		
_____ ( ) _____		
City/State/ZIP	Phone	
Mailing Address (if different)		
_____		
City/State/ZIP		
_____		
Social Security Number	Birthdate	Relationship to Primary Member
_____		
Employer	Job Title	
_____		
<i>Joint Member has access to the following accounts:</i>		
<input type="checkbox"/> Savings (includes My Use accounts)	<input type="checkbox"/> Holiday Saver	
<input type="checkbox"/> Checking	<input type="checkbox"/> Insured Money Market account	

## Identity Verification (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 Number		
Place of Issue	Issue Date	Expiration Date
ID Method: <input type="checkbox"/> DO <input type="checkbox"/> CX <input type="checkbox"/> CB <input type="checkbox"/> TI <input type="checkbox"/> P Verified by: _____		

<input type="checkbox"/> Mr.	<input type="checkbox"/> Jr.	
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Sr.	
<input type="checkbox"/> Ms.		
_____	_____	_____
Last Name	First Name	Initial
Street Address		
_____ ( ) _____		
City/State/ZIP	Phone	
Mailing Address (if different)		
_____		
City/State/ZIP		
_____		
Social Security Number	Birthdate	Relationship to Primary Member
_____		
Employer	Job Title	
_____		
<i>Joint Member has access to the following accounts:</i>		
<input type="checkbox"/> Savings (includes My Use accounts)	<input type="checkbox"/> Holiday Saver	
<input type="checkbox"/> Checking	<input type="checkbox"/> Insured Money Market account	

## Identity Verification (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 Number		
Place of Issue	Issue Date	Expiration Date
ID Method: <input type="checkbox"/> DO <input type="checkbox"/> CX <input type="checkbox"/> CB <input type="checkbox"/> TI <input type="checkbox"/> P Verified by: _____		

<input type="checkbox"/> Mr.	<input type="checkbox"/> Jr.	
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Sr.	
<input type="checkbox"/> Ms.		
_____	_____	_____
Last Name	First Name	Initial
Street Address		
_____ ( ) _____		
City/State/ZIP	Phone	
Mailing Address (if different)		
_____		
City/State/ZIP		
_____		
Social Security Number	Birthdate	Relationship to Primary Member
_____		
Employer	Job Title	
_____		
<i>Joint Member has access to the following accounts:</i>		
<input type="checkbox"/> Savings (includes My Use accounts)	<input type="checkbox"/> Holiday Saver	
<input type="checkbox"/> Checking	<input type="checkbox"/> Insured Money Market account	

## Identity Verification (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 Number		
Place of Issue	Issue Date	Expiration Date
ID Method: <input type="checkbox"/> DO <input type="checkbox"/> CX <input type="checkbox"/> CB <input type="checkbox"/> TI <input type="checkbox"/> P Verified by: _____		

<input type="checkbox"/> Mr.	<input type="checkbox"/> Jr.	
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Sr.	
<input type="checkbox"/> Ms.		
_____	_____	_____
Last Name	First Name	Initial
Street Address		
_____ ( ) _____		
City/State/ZIP	Phone	
Mailing Address (if different)		
_____		
City/State/ZIP		
_____		
Social Security Number	Birthdate	Relationship to Primary Member
_____		
Employer	Job Title	
_____		
<i>Joint Member has access to the following accounts:</i>		
<input type="checkbox"/> Savings (includes My Use accounts)	<input type="checkbox"/> Holiday Saver	
<input type="checkbox"/> Checking	<input type="checkbox"/> Insured Money Market account	