

Membership Officer Approval

Liberty Membership Application and Share Account Agreement

Date

Rev. 8/22

EACH BORROWER MUST SIGN A SEPARATE MEMBERSHIP APPLICATION

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 to see your driver's license or other identifying documents and request copies of those documents. Any missing information may be completed for you by Liberty Federal Credit Union (LFCU) using information you provided on your loan application.

Primary Member #		Regular Share Account #		Date
Membership Eligibility				
Tax-Reported Member	/Owner Information			
(Legal Name) First	Middle		Last	Suffix (if applicable)
				,
				ance
Issue Date	Expiration Date		Social Security Number_	
Date of Birth	Employer		Occupation	
Mailing Address	c or Street Address	City	Chata	Zip
			State	ZIP
Physical Address(If different or a P.O. Box)	Street Address	City	State	Zip
Home Phone	Cell Phone		Email	
who is a U.S. United States Regulations S Check this box if you ha Check this box if you are	citizen or U.S. resident alien; a or under the laws of the Unite Section 301.7701-7). ve been notified by the IRS tha e a nonresident alien. A W-8BE sured by the National Credit Unio	a partnership, corpo d States; an estate at backup withholdi EN must be comple	oration, company, or associ (other than a foreign estate ng applies. ted.	S. person if you are: an individual lation created or organized in the e); or a domestic trust (as defined in backed by the full faith and credit of
conditions of any approved a Credit Union makes from time credit reporting agencies. I fu LFCU's field of membership, understand I am entitled to the	ccount opened this date and futu e to time. I authorize you to chec orther agree that if membership in LFCU may enroll me in the Mater	ure share accounts on k my credit and empont LFCU cannot be ester the Friends and Alicated by such associated by such as	pened in the same ownershi loyment history and obtain re tablished through employme umni Association by paying a iation. I further understand th	U membership. I agree to the terms and ip along with any amendments the eports from third parties, including int or other associations included in a \$5 association fee on my behalf. I hat membership in the organization
The Internal Revenue Service d withholding.	oes not require your consent to any	y provisions of this do	cument other than the certificat	ions required to avoid backup
ONLY ONE SIGNATI	JRE PERMITTED			
x				
Tax-Reported Memb	er/Owner Signature		Date	
For Office Use Only	Verification Type(s): □ DL or	State ID ☐ Credit	Bureau □ Other	
Employee Opening Members	hip		Date	