LONG ISLAND REALTORS FEDERAL CREDIT UNION

300 Sunrise Highway West Babylon, NY 11704
(631) 661-4800 ext 371 or 389 Fax# (631)321-6371

AMERICA'S CREDIT UNIONS™
Where people are worth more than money.™

APPLICATION FOR MEMBERSHIP

(Please Print Clearly)

Name (Primary) _____Drivers Lic. #_____

(Secondary)_____Drivers Lic.#_____

Address _____City/St _____ZIP_____

Res. Tel. _____ Mother's Maiden Name _____

Employer _____Bus. Tel. _____

Occupation _____ Birthplace _____

Date of Birth _____ Social Sec. # _____
or Tax ID#

(FOR OFFICE USE ONLY) **ACCOUNT #** _____

DATE RECEIVED_____ RECEIVED BY _____

(Instruction to signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.)

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING.

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

By signing, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the **Long Island Realtors Federal Credit Union**. I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions time to time.

Signature _____ Date _____

Signature _____ Date _____
(Joint Owner)

If returning by mail please enclose photo copy of driver license

DESIGNATION OF BENEFICIARY

This designation shall only be effective when delivered and filed with the Credit Union duly executed by an insured member and during the lifetime of the beneficiary designated.

Date _____

I, _____, being a member of the Long Island Board of

Realtors Federal Credit Union, do hereby designate _____

relationship if any _____, of address _____

city/st _____ zip_____

as my beneficiary, if living, to receive any and all sums of money paid under and by virtue of the terms and conditions of the Life Insurance Contract, Life Savings Plan of the CUNA Mutual Insurance Society to the said Credit Union. I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent Designation of Beneficiary form shall constitute a change of beneficiary. Payment of proceeds to a designated beneficiary or, if none, to the beneficiary determined by the Credit Union as entitled to such proceeds under said Contract shall discharge the Credit Union from any and all liability to the extent of such payment.

WITNESS _____ SIGNATURE OF MEMBER (DO NOT PRINT)

JOINT SHARE ACCOUNT AGREEMENT * NOT TRANSFERABLE

The Long Island Realtors Federal 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. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

Joint account #_____ Date_____

?Soc. Sec or Tax ID No. ?Joint owners' Signatures (each must sign below) ?Date of birth

_____ _____ _____

_____ _____ _____

_____ _____ _____

Consent of Spouse (to be completed in some states of joint owner is other than spouse of member)

Approved and Consented to: _____ Date _____

*as defined in 12 CFR Part 204 Signature of Spouse REV 11/2001