

Membership & Account Contract Part 1

Eligibility: MECU serves nationwide employees, retirees, and contract employees of Motorola, Inc. (and its subsidiaries), employees of companies that Motorola has spun off or sold, and anyone related to these individuals or related to current MECU members by blood or marriage (including foster, adopted, and step family members). Same sex and domestic partners are also eligible (contact us for eligibility requirements).



1205 E. Algonquin Rd., Schaumburg, IL 60196
Ph: 847-576-5199 Fx: 847-538-1588
Toll Free: 1-877-270-6392

Please print clearly in **black ink only** and initial any changes to this form.
Fill out the application completely and fax it to 847-538-1588. Do not email it, as it will contain confidential information.

Please check the appropriate box and fill in your information.

I am applying for **New Membership** as a:

Motorola Employee/Retiree

Motorola Contractor

Family Member of _____
(Name of Family Member) (Account # Family Member)

I am a **Current Member**, Account Number: _____

Primary Account Owner Information Section 1

First Name/Trust Name: _____ Last Name: _____

Drivers License/Govt ID: _____ Exp Date: ____/____/____ Mother's Maiden Name: _____

E-mail: _____ DOB: ____/____/____ SSN: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Employer Name: _____

Work Phone: (____) _____ - _____ Employer Address: _____

Mobile Phone: (____) _____ - _____ City: _____ State: _____ Zip: _____

Account Type Section 2

Please check which accounts you would like to open/add and enter the amount you will be depositing today.

Savings \$ _____ Checking \$ _____ Checking 2 \$ _____ Money Market \$ _____

Holiday \$ _____ Vacation \$ _____ Overdraft Protection

Certificate Account Annual Percentage Yield (APY), Rate & Terms (As Applicable) Section 3

Term (please select one): 6-Month 12-Month 18-Month 30-Month 60-Month Special Promotion
\$ _____ Source of funds: _____

Dividends earned on this account are to be: Reinvested in this Account Deposited into Account _____

On maturity, this Certificate Account should automatically renew for the term stated above and at the current prevailing rate.
 On maturity, the principal and dividends of this Certificate Account should be deposited to Account Number _____

Account Ownership Features Section 4

- One Owner Account
- Multiple Owner Account with Right of Survivorship Between Account Owners

When this section is completed, all account owners agree that upon the death of any owner of the account(s) that the deceased owner's interest in the account(s) is owned by the surviving account owner or owners. It is also agreed that upon the death of the final owner, any funds remaining in the account will be owned by the final deceased owner's estate, or if Section 5 is completed, by the designated beneficiary(s)/pod payee(s).

As Custodian for _____ SSN: ____/____/____ Birthday: ____/____/____ under the _____ Uniform Transfers to Minors Act
(Minor's Full Name) (Minor's SSN) (Minor's Birthday) (State)

Credit Union Use Only

Certificate Maturity Date ____/____/____ Certificate Dividend Rate _____% APY
Annual Percentage Yield _____% APY

Owner 2 Information

First Name: _____ Last Name: _____
Drivers License/Govt ID: _____ Exp Date: ____/____/____ Mother's Maiden Name: _____
E-mail: _____ DOB: ____/____/____ SSN: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ - _____ Employer Name: _____
Work Phone: (____) _____ - _____ Employer Address: _____
Mobile Phone: (____) _____ - _____ City: _____ State: _____ Zip: _____

Owner 3 Information

First Name: _____ Last Name: _____
Drivers License/Govt ID: _____ Exp Date: ____/____/____ Mother's Maiden Name: _____
E-mail: _____ DOB: ____/____/____ SSN: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ - _____ Employer Name: _____
Work Phone: (____) _____ - _____ Employer Address: _____
Mobile Phone: (____) _____ - _____ City: _____ State: _____ Zip: _____

Credit Union Use Only

Representative First Name: _____ Last Name: _____
Representative Teller ID: _____ Date: ____/____/____

Owner Name: _____ Account #: _____

Beneficiary/Payable on Death Payee Designations**Section 5**

When this section is completed, in addition to the account ownership features designated in Section 4, it reflects the account owner's or account owners' intent that upon death of the owner on a one owner account or the final owner's death on a multiple account, that the funds in the account will be owned by the beneficiaries/pod payees designated in this section in equal amounts and without right of survivorship.

Beneficiary / POD Payee 1: First Name: _____ Last Name: _____ Relationship to Account Owner(s): _____	Beneficiary / POD Payee 2: First Name: _____ Last Name: _____ Relationship to Account Owner(s): _____
Beneficiary / POD Payee 3: First Name: _____ Last Name: _____ Relationship to Account Owner(s): _____	Beneficiary / POD Payee 4: First Name: _____ Last Name: _____ Relationship to Account Owner(s): _____
Beneficiary / POD Payee 5: First Name: _____ Last Name: _____ Relationship to Account Owner(s): _____	Beneficiary / POD Payee 6: First Name: _____ Last Name: _____ Relationship to Account Owner(s): _____

Account Ownership Features**Section 6**

PLEASE READ CAREFULLY BEFORE SIGNING BELOW: Under penalties of perjury, I certify that the number shown on this agreement is the correct social security number, and 1) I am a U.S. person (including a U.S. resident alien), 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 Internal Revenue Service (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.

If you are not a U.S. person, you must strike through "1" in the paragraph above. (Inquire about W-8 Ben). **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, you must strike through "2)" in the paragraph above.

Membership Incentive For Opening Account: In the event MECU makes an opening deposit to your account in excess of \$10.00, per IRS regulations, this amount will be reported as dividends paid on your account during the year.

Membership Meetings & Proxy Statement for Voting**Section 7**

I hereby appoint the President and/or Vice President of MECU and authorize them, to the extent permitted by law, to cast any votes I would be entitled to cast if personally present at any meeting of the members of MECU. This proxy is to continue in full force and effect until this proxy is canceled in writing, delivered by me to MECU.

Acknowledgement**Section 8**

Owner 1 is a MECU member (or represents a MECU member), or applies for MECU membership in accordance with MECU's bylaws, policies, and this contract. Owner 1 and all other owners wish to open the account(s) designated in Part 1, Section 2, and acknowledge receiving a copy of Parts 1 and 2 of this contract, which includes the agreement, the Rate and Fee disclosures, Electronic Funds Transfer disclosures, and the Expedited Funds Availability disclosures. Each owner agrees that MECU may obtain and use credit reports to verify the owner's eligibility for MECU accounts and services. Every owner understands that this contract governs all transactions on, changes to, or closure of an account, all of any owner's other savings or deposit accounts with MECU, and supersedes any prior version of this contract. Each owner agrees that MECU may change the contract from time to time, and that such changes will be binding on the owner. Every owner promises that the information provided to MECU for this contract is accurate, and that Part 1 has been completed according to the owner's instructions, as confirmed by the owner's signature below. Each owner understands that he/she may obtain additional copies of this contract including the agreement and disclosures from MECU or MECU's website at any time, and that the owner may change or close the account, or change or terminate other services or MECU membership at any time according to the terms of this contract.

- Every owner has been offered a paper agreement and disclosures (Part 2) and requests that they be e-mailed to the address in Part 1, Section 1.
 I elect to opt out of receiving my statements electronically and request to receive a paper statement via US mail.

By signing below, each owner agrees to this contract (Parts 1 & 2). The Internal Revenue Service does not require your consent to any provision of this contract other than the certification required to avoid backup withholding.

_____ Owner 1 Signature	_____/_____/_____ Date	_____ Owner 2 Signature	_____/_____/_____ Date
_____ Owner 3 Signature	_____/_____/_____ Date	By signing this line, I agree to be removed as an owner from this account.	

Credit Union Use Only

Representative First Name: _____	Last Name: _____	This Account Form is: <input type="checkbox"/> Original <input type="checkbox"/> Closed <input type="checkbox"/> Revised <input type="checkbox"/> Driver's License/ <input type="checkbox"/> Govt ID Verified
Representative Teller ID: _____	Date: ____/____/____	
<input type="checkbox"/> Business Development Event	<input type="checkbox"/> Credit / Account Verification Report <input type="checkbox"/> Pages 1 & 2 Reviewed	
Owner Name: _____ Account #: _____		