



1100 Commerce Street
 Suite 615
 Dallas, TX 75242
 Tel: (214) 413-5588
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ACCOUNT AGREEMENT

Member Number

Account Type(s):	<input type="checkbox"/> Share Savings	<input type="checkbox"/> Regular Certificate of Deposit	<input type="checkbox"/> IRA Regular Certificate of Deposit
	<input type="checkbox"/> Checking	<input type="checkbox"/> Jumbo Regular Certificate of Deposit	<input type="checkbox"/> IRA Jumbo Regular Certificate of Deposit
	<input type="checkbox"/> Christmas Club		<input type="checkbox"/> IRA Savings
Account Ownership:	<input type="checkbox"/> Single-Party Account Without "P.O.D." (Payable on Death) Designation		<input type="checkbox"/> Multiple-Party Account Without Right of Survivorship
	<input type="checkbox"/> Single-Party Account With "P.O.D." (Payable on Death) Designation		<input type="checkbox"/> Multiple-Party Account With Right of Survivorship
	<input type="checkbox"/> Multiple-Party Account With Right of Survivorship And "P.O.D." (Payable on Death) Designation		<input type="checkbox"/> Convenience Account

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 You 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.

Primary Member Information:

Full Name		Social Security Number	Birthdate
Address			
Driver's License Number/State/Exp. Date		E-Mail Address	
Home Phone	Work Phone	Cell Phone	
Employer Name and Address			

Joint Owner 1 Information Joint Owner Convenience Signer

Full Name		Social Security Number	Birthdate
Address			
Driver's License Number/State/Exp. Date		E-Mail Address	
Home Phone	Work Phone	Cell Phone	
Employer Name and Address			

Joint Owner 2 Information Joint Owner Convenience Signer

Full Name		Social Security Number	Birthdate
Address			
Driver's License Number/State/Exp. Date		E-Mail Address	
Home Phone	Work Phone	Cell Phone	
Employer Name and Address			

Account Beneficiary Designation

Upon the death of the last surviving owner, the funds in Your Account shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below only with the written consent of all owners to the Account.

Name	Address	Social Security Number	Relationship	Birthdate
Name	Address	Social Security Number	Relationship	Birthdate
Name	Address	Social Security Number	Relationship	Birthdate

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

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 part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

Signatures

You hereby apply for membership with LibertyOne Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of LibertyOne Credit Union in effect from time to time. You further acknowledge receiving a copy of the "Agreements and Disclosures" related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for LibertyOne Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant's (Primary Member) Signature	Date	Joint Owner #1 Signature	Date	Joint Owner #2 Signature	Date