



Youth Savings 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.

Membership with LGE Community Credit Union requires that all members have a savings account and maintain a minimum balance of \$5.

Select One:

- DOLLAR DOG® Birth - 12
- CHA-CHING!™ Ages 13 - 17
- THE EDGE™ Ages 18 - 22

Joint account holder(s) required from age Birth - 15.

OFFICE USE ONLY

Assoc.#/Initials _____
 Date _____
 Branch Code _____
 Form of I.D. _____
 Approved/Denied By _____

PRIMARY MEMBER INFORMATION (YOUTH)

Name _____

Address _____

City, State, Zip _____

Per the Patriot Act, if you list a P.O. Box for your mailing address, you must also provide a residential address:

Address _____

City, State, Zip _____

SS# _____ Date of Birth _____

Home# _____

Alternate# _____

Email Address _____

Employer _____ Occupation _____

I certify that I am eligible for membership through:

(County **OR** Partner Group **OR** Name and Relationship of Eligible Party)

JOINT MEMBER INFORMATION

Per the Patriot Act, a residential address is required for all Joint Members.

Print Joint Name _____

Address _____

City, State, Zip _____

Joint SS# _____ Joint Date of Birth _____

Joint Email _____

Employer _____ Occupation _____

Print Joint Name _____

Address _____

City, State, Zip _____

Joint SS# _____ Joint Date of Birth _____

Joint Email _____

Employer _____ Occupation _____

Please order a VISA® PIN-Only card (Only available if you do not also have a Checking Account)

REQUESTED PRODUCTS AND SERVICES FOR YOUTH AGES 16 - 22 (MARK ALL THAT APPLY):

- Savings *
- Additional Savings 1
- Additional Savings 2
- Checking Account (Select One):
 - High Rewards Checking
 - Simply Checking
- Order New Checks (Standard Checks Will Be Ordered)
- Online & Mobile Banking / eStatements / Memberline
 - Bill Pay (Free With Any Checking Account)
- VISA® Debit Card (Select Card Recipients):
 - Primary (Youth)
 - 1) Joint
 - 2) Joint
- Checking Overdraft Protection (From Savings)

INDIVIDUAL / JOINT ACCOUNT HOLDER INFORMATION - PLEASE READ: I hereby make application for membership in and agree to conform to the Bylaws, as amended, of LGE Community Credit Union (the "Credit Union"). By signing below I further certify that: I am within the field of membership of this Credit Union; the information provided on this application is true and correct; and my written signature on this application applies to all accounts under my name at the Credit Union. I also agree to be bound to the terms and conditions of any account that I have in the Credit Union now or in the future. These include, but are not limited to, the Membership and Account Agreement, Truth in Savings Act, Funds Availability Policy, Electronic Funds Transfer Agreement, Privacy Notice, etc.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding under federal laws or a specific FATCA Payee Code () enter code here from W-9 instructions, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). Complete a W-8 BEN if you are not a U.S. person.

COMMUNICATIONS CONSENT: If a cell number or text contact (together "contact") is provided, or if I/we later provide such to the Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via calling, texting, or otherwise. This contact may be by dialing the cell phone, autodialer, text, or robo text methods. I/we understand that this consent is not required to obtain any loan or services from the Credit Union.

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By my signature, I/we authorize LGE Community Credit Union to verify the information submitted and to obtain credit reports and any other information as may be required concerning the statements made above.

Primary Signature _____ Date _____

Joint Signature _____ Date _____

Joint Signature _____ Date _____