## Return Fax: 517-391-5094 Phone Number: 517-679-5274

Account Number	Name	
Address	,	Social Security Number
City	State	Zip
Occupation	Work Phone	Home Phone
Date of Birth	Email address	

I hereby make application for membership in the

## Farm Bureau Family Credit Union

And agree to conform to its bylaws and amendments thereof and subscribe for at least one Share. Under penalties of perjury, I certify (1) that the number shown on this form is my correct Social Security 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 dividend, or the Internal Revenue Service had notified me that I am no longer subject to backup withholding\*

Signature Date

\*(Strike out the language in (2) if the Internal Revenue Service has notified you that you are subject to backup withholding and has not terminated that notification)

## Farm Bureau Family Credit Union

Application - Multiple Name Share Deposit Accounts With Survivorship

ine undersigned requests the above credit union	1 1 1	
	which sums paid to the credit union on share	
accumulations (less setoffs as allowed by law for		-
one or more of the following parties. On proper v		
agreement regarding signatures on the reverse signatures	de hereof; or in the absence of initials on the	reverse, on
proper demand by any of the parties;		
	Social Security No.	Birth Date
Name of Undersigned	•	
Additional		
Parties Name		
Additional		
Parties Name		
Signatures of other depositing parties:		
	Signature of origination depositor	
	Date	
*****************	***************	*****

## \*TO OPEN NEW ACCOUNT:

- 1. Complete this signature card
- 2. Fax a copy or your drivers' license and Michigan Farm Bureau membership card if not a Farm Bureau Employee
- 3. Mail \$5.00 deposit for membership
- 4. Mail deposit to: Farm Bureau Family Credit Union

7373 W Saginaw Hwy Lansing MI 48917