

Freestone Credit Union MEMBERSHIP ACCOUNT APPLICATION

MEMBERSHIP ELIGIBILITY: *To qualify for membership you must: live or work in one of our 5 counties of membership, be employed by BNSF or Nucor, or have a family member with an active account at FCU. Select eligibility from one of the categories below.*

- Freestone County Limestone County Madison County Navarro County Leon County
- Employed by BNSF Employed by Nucor I am an existing FCU member (Member # _____)
- Immediate family member is current member of FCU *Name of family member _____
(Immediate family is defined as spouse, child, sibling, parent, grandparent, or grandchild.)

Have you ever been a member of Freestone Credit Union? YES NO (Previous Acct# if known _____)

Referred By _____ **Mother's maiden name or password** _____

Legal Name (First, Middle, Last) _____

Residential Address _____

Mailing Address (if different) _____

Previous address (if less than 2 years at current address) _____

Home Phone: _____ Cell Phone: _____ Email _____

Date of Birth ____/____/____ City and State of birth _____

COUNTRY OF CITIZENSHIP:

- USA (RR1)** State Issued DL/ID #: _____ Issuing State: _____ Exp: _____
- U.S. Issued Social Security Number: _____
- Other (RR2)** What country? _____ How long do you expect to remain in the U. S.? _____
- Passport #: _____ Issuing Country: _____ Exp: _____
- Photo DL/ID #: _____ Issuing State/Country: _____ Exp: _____
- U.S. Issued Tax Payer ID #: _____

TYPE OF ACCOUNT:

- Individual Joint with Right of Survivorship Joint Without Right of Survivorship
- Trust/Estate Representative Payee Other: _____

ACCOUNT BENEFICIARIES/PAYABLE-ON-DEATH:

Legal Name _____ DOB _____ SSN _____ Relationship _____

Legal Name _____ DOB _____ SSN _____ Relationship _____

Legal Name _____ DOB _____ SSN _____ Relationship _____

NEAREST RELATIVE NOT LIVING WITH YOU:

Name _____ Relation: _____

Address _____ City/St _____ Phone # _____

Freestone Credit Union MEMBERSHIP ACCOUNT APPLICATION (cont.)

PRIOR BANKING RELATIONSHIPS:

Bank/Credit Union Name

City/State

Bank/Credit Union Name

City/State

EMPLOYMENT:

Currently Employed (RR1): Employer _____
Job Title _____ Type of business or profession _____

Retired (RR1): Previous employer & occupation: _____

Is your employer a Marijuana and/or Hemp Related Business: Products, Plants, Seeds, Oils/Lotions, Processing, Manufacturing, Farming, Selling, Transporting, Shipping Businesses. YES NO *If you answered yes to this question, STOP and speak to a Credit Union staff member.*

Do You own a business? YES (RR2) NO Products & Services Provided: _____

Name & Address of Business: _____

Do you engage in Internet Gambling? YES (RR3) NO

Are you a Politically Exposed Person (PEP)? YES (RR3) NO *If you answered yes to this question, STOP and speak to a Credit Union staff member.*

If you are designated as a PEP, are you active in government service? YES (RR3) NO

How long has it been since you held office? _____ What position did you hold in government service? _____

CHECK CREDIT UNION SERVICES YOU MAY USE NOW OR IN THE FUTURE:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Send/Receive Wires (RR2) | <input type="checkbox"/> Send/Receive ACH transactions (RR2) | <input type="checkbox"/> Secured Loan (RR2) | <input type="checkbox"/> Unsecured Loan (RR3) |
| <input type="checkbox"/> Cash/Coin Dep \$ _____ (RR2) | <input type="checkbox"/> Night Depository (RR1) | <input type="checkbox"/> Debit Card (RR2) | <input type="checkbox"/> Direct Deposit (RR1) |
| <input type="checkbox"/> Cash/Coin W/D \$ _____ (RR2) | <input type="checkbox"/> Mobile App (RR2) | <input type="checkbox"/> Bill Pay (RR2) | <input type="checkbox"/> On-line Banking (RR2) |
| <input type="checkbox"/> Money Order (RR1) | <input type="checkbox"/> Teller Check (RR1) | <input type="checkbox"/> Credit Card (RR3) | <input type="checkbox"/> Checking Account (RR1) |

ESTIMATED VOLUME AND SOURCE OF TRANSACTIONS:

Source of Funds _____ # of monthly deposits _____ Estimated Average Balances \$ _____

By signing this document, I authorize Freestone Credit Union to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with Freestone Credit Union products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my belief.

Signature

Date

THIS SECTION FOR FREESTONE CREDIT UNION USE:

Risk Assessment: Completed by: _____ Date reviewed: _____

Risk rating: Risk Score _____ Low (1-20) Medium (21-35) High (36-46)

Comments: _____