

Joining the Credit Union is easy!

Instructions:

1. To Open a Share Account and Apply for Membership:

- Complete section 1.
- Be certain to fill in the membership eligibility portion of this section if you are qualifying through a family member.
- Read the section titled "Additional Terms and Conditions" on the reverse side.

Important Tax Information

- Read the section titled "Taxpayer Identification and Backup Withholding" and make any necessary changes.

Minimum Membership Deposit

- Please include an initial deposit of \$ _____. This includes the \$ _____ minimum balance requirement for membership and a \$ _____ lifetime membership fee.
- Send your application and your deposit to the address shown below:

HealthNet Federal Credit Union

1591 Chickering Lane
Cordova, TN 38016-8698
(901) 226-1111 • Fax (901) 266-1122

2. Beneficiary/Custodial Accounts

- If your account is to be a Uniform Gift/Transfer to Minors Account, a Pay-on-Death Account or a Trust Account, name the successor custodian and/or select a beneficiary by completing section 2.

Consent of Spouse

- If the beneficiary/successor named is not your spouse, have your spouse sign this section. It is suggested that spouses of account signers give consent by signing this section.

3. Overdraft Protection

- If You are applying for a Checking Account, select the method of transferring funds in the event of an overdraft.

4. ATM Card, VISA Check Card, Touch Tone Teller or Home Branch

- Please indicate if you would like to be issued ATM Card, VISA Check Card, Touch Tone Teller or Home Branch.

5. Signatures

- All account owners must sign in section 5.

Return to the Credit Union

- Once complete, please return your Membership Application along with the Minimum Membership Deposit and any additional funds that you would like deposited to the Credit Union.

HealthNet Federal Credit Union

Master Membership Application & Agreement

(Use red ink to designate changes/additions made after the original date of this Application & Agreement)

Credit Union Use Only	
Account Number	Sub-Account Number
Account Type(s): <input checked="" type="checkbox"/> Primary Share <input type="checkbox"/> Secondary Share <input type="checkbox"/> Christmas Club <input type="checkbox"/> Vacation Club <input type="checkbox"/> Checking <input type="checkbox"/> Fresh Start Checking <input type="checkbox"/> Money Market <input type="checkbox"/> IRA Savings <input type="checkbox"/> IRA Share Certificate <input type="checkbox"/> Variable Rate Share Certificate <input type="checkbox"/> Short Term Share Certificate <input type="checkbox"/> Long Term Share Certificate <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
Account Ownership: <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Pay-On-Death <input type="checkbox"/> Fiduciary <input type="checkbox"/> Custodial <input type="checkbox"/> Trust	
1. Membership <div style="text-align: right; margin-right: 100px;"> <input type="checkbox"/> Mr. (Prefix - Optional) <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. </div> Primary Member Information: _____	
Social Security Number	Driver's License Number
Street Address	City
()	State
Home Telephone	Zip Code
Work Telephone	Password
E-Mail Address	Eligibility
Birthdate	Employer
Joint Owner #1 _____	
Social Security Number	Driver's License Number
Street Address	City
()	State
Home Telephone	Zip Code
Work Telephone	Password
E-Mail Address	Eligibility
Birthdate	Employer
Joint Owner #2 _____	
Social Security Number	Driver's License Number
Street Address	City
()	State
Home Telephone	Zip Code
Work Telephone	Password
E-Mail Address	Eligibility
Birthdate	Employer
2. UTMA/Pay-On-Death/Trust Account (See reverse side)	
<input type="checkbox"/> Uniform Gift/Transfer to Minors Account _____ <div style="text-align: right; margin-right: 100px;">Name of Successor Custodian</div>	
Successor custodian is designated as successor custodian of the gift property. Such appointment to take effect when and in the event of the resignation, death or legal incapacity of the original custodian.	
<input type="checkbox"/> Pay-on-Death — In the event of Your death You, the undersigned, a member of the credit union, hereby designate the following beneficiary(ies):	
<input type="checkbox"/> Trust Account — The Owner(s) is/are Trustee(s), hereby designating the following beneficiary(ies):	
Beneficiary(ies) Designation for Pay-on-Death or Trust Account.	
Name	Social Security Number
Percentage	Percentage
Name	Social Security Number
Percentage	Percentage
Consent of Spouse (If beneficiary is other than spouse.)	
Signature of Spouse	Date
3. Overdraft Protection (if opening a Checking Account)	
Your overdrafts will be covered by transferring funds from Your Loan/Sub Account I.D. identified below in the following order (specify priority by number). If no priority is noted, transfers will be made from Your Primary Share Account. Please refer to Your Agreements and Disclosures for any limitations on the number of transfers You can make.	
Priority	Source
	Loan/Sub Account I.D.
4. ATM Card, VISA Check Card, Touch Tone Teller or Home Branch	
To receive ATM Card, VISA Check Card, Touch Tone Teller or Home Branch, select the type of service desired and to whom the service will be issued.	
<input type="checkbox"/> ATM Card	<input type="checkbox"/> VISA Check Card
<input type="checkbox"/> Touch Tone Teller	<input type="checkbox"/> Home Branch
5. Signatures	
You hereby apply for membership with HealthNet Federal 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 and/or credit worthiness. 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 HealthNet Federal 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 You are now applying or subsequently apply for any Feature Category contained in Our Credit Line Account program, You agree and understand that if approved, You are contractually liable according to the applicable terms and conditions of the Credit Line Account Agreement and Disclosure and You promise to pay all amounts charged to Your Credit Line Account according to its terms. If Your application for membership and/or for credit is a joint application, any liability created by the use of Your Account or by Your Credit Line 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 Primary Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf (including the issuance of a Credit Card) and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for HealthNet Federal 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.	
You hereby acknowledge Your intent to apply for joint credit _____	
Applicant's Initials	Co-Applicant's Initials
Applicant's (Primary Owner) Signature	Date
Joint Owner #1 Signature	Date
Joint Owner #2 Signature	Date
Joint Owner #3 Signature	Date
<input type="checkbox"/> Check here if two signatures are required for withdrawal and will apply to all signers on the account.	
<input type="checkbox"/> Check here if two signatures are required for withdrawal and will only apply to the following signers:	

Please print or type all information

MASTER MEMBERSHIP APPLICATION

Share Accounts
Club Accounts
Checking Accounts
Certificate Accounts
IRA Accounts
Beneficiary/Successor
Statement

HealthNet
Federal Credit Union

Additional Terms And Conditions

The joint owners of the Accounts hereby agree with each other and with Us that all sums now, whenever paid into the Accounts by any or all of the joint owners to the credit of the joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Us from any liability for such payment. The joint owners also agree to be bound by the terms of the appropriate Account agreements and disclosures which have been provided. Any or all of the joint owners may pledge all or any part of the shares in the Accounts as collateral security to a loan or loans. The right or authority of the Credit Union under this Agreement shall not be changed or terminated by said owners, or any of them except by written notice to Us which shall not affect transactions made prior to such notice. Checks cashed against this Account are subject to collectability from this Account if returned unpaid.

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 (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (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.

CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, You certify: (1) that a taxpayer identification number has not been issued to You (or the minor beneficiary if the Account is established under the Uniform Gift/Transfer to Minors Act), and that You mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or You intend to mail or deliver an application in the near future); and (2) that You are not subject to backup withholding.

You understand that if You do not provide a taxpayer identification number to the Credit Union within 60 days, the Credit Union is required to withhold 28 percent of all reportable payments thereafter made to You until You provide a number.

UTMA Account

For UTMA (Uniform Transfer to Minors Act) You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the Uniform Transfer to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 18, under the Act.

Joint Owner 1 is named as custodian for the Primary Member under the Tennessee Uniform Transfer to Minors Act.

Designation of Successor Custodian. You appoint _____ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: 1) when and in the event of Your resignation, death, incompetence, or legal incapacitation; and 2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

Signature of Custodian

Credit Union Use Only

Opened By/Date: _____

CheckSystems: _____

Membership Officer Signature _____ Date _____

Remove Combination Application.
Complete and sign.