

When You Submit Your Application.....

You may submit your application through inter-company mail, U.S. mail, or in person at the Credit Union office.

Important.... The Applicant and each Joint Owner must include a photocopy of a Driver's License or other photo ID and for Shaw's Associates, a copy of a current pay stub to verify employment for your accounts to be opened.

Double-check your application to make sure:

- ALL sections are correctly filled out.**
- Signatures have been included where requested...look for the large X.**

IMPORTANT TAX INFORMATION

You (as the payee) are required by law to provide us (as payor) with your correct taxpayer identification number. If you are an individual, your taxpayer identification number is your Social Security number. If you have not provided us with your correct identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding.

Backup withholding is different from the 10 percent withholding on interest and dividends that was repealed in 1983. If backup withholding applies, a payor is required to withhold 31 percent of interest, dividends, and other payments made to you. Backup withholding is not an additional tax. Rather, if the tax liability of persons subject to backup withholding results in an overpayment of taxes, a refund may be obtained.

Before you can join the Credit Union you must complete the Tax I.D. Certification Notice on the bottom of this card. Certification Instructions: Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

TAX IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify:

1. That the number shown on the membership card is my correct taxpayer identification 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 dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
3. I am either a U.S. citizen or a U.S. resident alien.

YOU MUST SIGN BELOW FOR YOUR ACCOUNT TO BE OPENED.

Signatures

I hereby make application for membership in the Shaw's Employees Federal Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share. I have read this brochure and all other applicable agreements and disclosures and I understand and agree to abide by the terms and conditions included and referenced in them as applicable to the accounts and services I have requested from the credit union.

X _____ Date
Member Signature

X _____ Date
Joint Owner Signature (if applicable)

X _____ Date
Joint Owner Signature (if applicable)

CREDIT UNION ONLY

This application is approved by the Credit Union

Signature _____ Date _____
Authorized Official

ID verified

_____ Primary Member ID Type and Number

_____ Joint Owner ID Type and Number

_____ Joint Owner ID Type and Number



- The Request for Taxpayer Identification Number section has been filled out. (Your Taxpayer ID number is your Social Security Number.)**

**That's all there is to it...
Welcome to Shaw's Employees
Federal Credit Union!**

PLEASE DO NOT MAIL CASH.



**Shaw's Employees
Federal Credit Union**

205 Spencer Drive · Wells, ME 04090
207-646-4989 · Inter-Co Ext. 87900
Fax: 207-646-5673

www.shawscreditunion.com

The Credit Union offers the following products and services:

- Payroll Deduction
- Direct Deposit from any Employer
- Share (Savings) Accounts
- Holiday Clubs
- All-Purpose Clubs
- Share Draft (Checking) Accounts
- CU24sm ATM/Visa[®] Check Cards
- Surcharge-Free Networks
- Certificates
- Auto Loans
- Motorcycle Loans
- Personal Loans
- PLUS Loans
- Share Secured Loans
- Automated 24-Hour Teller-Phonesm
- Online Account Access
- And More...



**Shaw's Employees
Federal Credit Union**

**EXPRESS MEMBERSHIP
APPLICATION**

*For Star/Shaw's Associates
and Family Members*



An Owner's Guide to Joining....

It's easy to join Shaw's Employees Federal Credit Union. Just follow these simple step-by-step directions:

1. Complete the Membership Share Account Signature Card. Please print clearly—and note that you can also open a Holiday Club Account, Share Draft (Checking) Account, sign up for a CU24sm ATM/Visa[®] Check Card, Teller-Phone (Audio Response) and Online Account Access by marking the boxes for the services that you want. You must also sign and date where applicable (look for the **X**).
2. Complete the Optional Pay-On-Death Beneficiary Designation.
3. Complete this section for Teller-Phone. With this audio response system you can make account inquiries, transfer funds from one account to another and make withdrawals from your accounts.



It's convenient, fast and best of all... it's free!

4. Complete this section for CU24sm ATM/Visa[®] Check Card for easy access to your funds.
5. Sign this section for Share Draft (Checking) Account. Complete the Request For Direct Deposit Payroll Deduction From Star/Shaw's Supermarket section to set up direct deposit **only** if you are opening a Share Draft (Checking) Account.
6. See the final steps on the other side, submit your application to the Credit Union, and get ready to enjoy the benefits of member/ownership at Shaw's Employees Federal Credit Union!

the required minimum balance in your share account. Depositing funds into your accounts can be done through the convenience of payroll deduction from any employer, in person at the Credit Union office, or by mail (including inter-company mail) and at any ATM that will accept deposits.

You can request a withdrawal in person at the Credit Union office, by using the automated Teller-Phone service or by mail or fax. When you receive your withdrawal by check, one convenient place you can cash it is at any Star/Shaw's service desk. If you have a CU24sm Visa[®] Check Card you can make withdrawals at an ATM machine.

Loans can be obtained by submitting an application in person at the Credit Union, by mail, or by fax. Applications are available from any Star/Shaw's Supermarkets Personnel Coordinator, any satellite office, or directly from the Credit Union. If approved, your loan papers and check would be sent to the Star/Shaw's location of your choice for convenient signing and disbursement of funds.

How Your Credit Union Works

Once you have been an associate of Star/Shaw's Supermarkets for 30 days, you and the members of your immediate family are eligible to join. Membership is lifetime, regardless of employment, as long as you maintain

Membership Share Account

Owner(s) Account(s) shall be (check one): Individual Account Joint Account
The account shall be (check one): With or Without a pay-on-death beneficiary provision

In addition, I request a: Holiday Club, Share Draft (Checking) Account
 CU24sm ATM/Visa[®] Check Card Teller-Phonesm (Audio Response) Online Account Access

Shaw's Employees Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto on either side of this card in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, together with the proceeds of any insurance on said account, 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. On the death of a joint owner, the balance in the account will belong to the surviving joint owner(s).

Any or all of said joint owners may pledge all or any part of the shares in this account 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 and consent of the Credit Union which shall not affect transactions theretofore made.

I hereby make application for membership in the Shaw's Employees Federal Credit Union and agree to conform to its laws and amendments thereof and subscribe for at least one share. I have read the above account agreement and acknowledge receipt of applicable disclosure(s) and rate and fee schedules. I understand and agree that the USA PATRIOT Act 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.

FAIR AND ACCURATE CREDIT TRANSACTIONS ACT NOTICE: We may report information about your account to credit bureaus. Late or missed payments, or other defaults may be reflected in your credit report.

PRINT CLEARLY. The Applicant and each Joint Owner must include a photocopy of a Driver's License or other photo ID and for Shaw's Associates, a copy of current pay stub to verify employment.

Name _____ Soc. Sec. No. _____

Address _____ City _____ State _____ ZIP _____

Home Phone #. _____ Work Phone #. _____ Birth Date _____

E-mail Address _____ Driver's License No. _____

Joint Owner Name (if applicable) _____

Soc. Sec. No. _____ Joint Owner Birthdate _____

Joint Owner address (if different) _____

E-mail Address _____ Driver's License No. _____

I am eligible by: Star/Shaw's Associate Family Member (Relationship) _____

Location/Store # _____ Associate # _____

Deduction per/paycheck: Share/Savings \$ _____ Holiday Club \$ _____

Optional Pay-On-Death (P.O.D) Beneficiary Designation

Distribution will be made equally unless indicated differently below.
(Between P.O.D beneficiaries, there is no right of survivorship.)

1 _____ %
Name of P.O.D Beneficiary _____ Social Security Number _____ Distribution _____
Address _____ City _____ State _____ ZIP _____

2. _____ %
Name of P.O.D Beneficiary _____ Social Security Number _____ Distribution _____
Address _____ City _____ State _____ ZIP _____

If additional beneficiaries are desired, attach a separate signed piece of paper to this Signature card. The P.O.D designation set forth above shall govern all accounts opened under the membership number unless otherwise specified by completing a new P.O.D Beneficiary Designation card.

Teller-Phone(Audio Response)

Please choose a 4 digit PIN (Personal Identification Number) _____ - _____ - _____ - _____

CU24smATM/Visa[®] Check Card

Mother's Maiden Name _____

Joint Owner's Mother's Maiden Name (if applicable) _____

In order to issue a card to either signer of a joint account, both owners must sign at the end of this agreement.

By signing, I/we agree to abide by the terms of the electronic funds transfer and cardholders agreement in the Membership Agreement & Disclosure provided to me/us separately by the Credit Union. Consumer reports (credit reports) may be obtained in connection with this application. If you request, (1) you will be informed whether or not consumer reports were obtained; and (2) if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the report.

SHARE DRAFT (CHECKING) ACCOUNT

Individual Account Joint Account

CHECK ORDER Please print this on my checks

Checks will be mailed to your home address.

Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone _____

Style Cover _____ Check Style _____

REQUEST FOR DIRECT DEPOSIT PAYROLL DEDUCTION FROM STAR/SHAW'S SUPERMARKET TO A SHAW'S EMPLOYEES FCU SHARE DRAFT (CHECKING) ACCOUNT

Complete this section only if you are opening a Share Draft (Checking) Account

Store # _____ Dept. _____ PIN# _____ Date _____

I hereby authorize Star/Shaw's Supermarkets, Inc., hereafter called "company" to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) indicated below, and the depository named below, to credit and debit the same entries to such account(s).

Shaw's Employees Federal Credit Union Routing Number 211288433

Checking Account Number _____
(To be completed by credit union)

This is a new enrollment
Authorized Weekly/Biweekly Deduction \$ _____

This authority is to remain in full force and effect until "company" has received written notification from me on its termination in such time and in such manner as to afford "company" a reasonable time to act on it.

Associate Name _____

Address _____

Associate Signature **X** _____

Co-signature (if joint account) **X** _____

New deposits require a prenotification to the automatic banking system. Deposits will not be deducted and forwarded to your account for two weeks after the request form is received by the payroll department.

NOTICE: YOU MUST SIGN ON THE REVERSE FOR YOUR ACCOUNTS TO BE OPENED. →