

PEARL MUNICIPAL FEDERAL CREDIT UNION

MEMBER APPLICATION AND INFORMATION

DESIGNATE THE OWNERSHIP OF THE SHARE ACCOUNT

_____ Single Party _____ Joint Account



MEMBER _____ SSN# _____

STREET _____ Drv Lc # _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ HOME PHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

FOR SECURITY VERIFICATION LIST MOTHER'S
MAIDEN NAME: _____

WORK PHONE _____

FOR JOINT ACCOUNTS, PLEASE COMPLETION JOINT MEMBER INFORMATION BELOW

ELIGIBILITY FOR MEMBERSHIP

_____ Employee City of Pearl Dept. _____

_____ Employee Pearl Schools School _____

_____ Family member of _____
NAME OF MEMBER OR ELIGIBLE EMPLOYEE RELATIONSHIP

*****BENEFICIARY DESIGNATION(S)*****

BENEFICIARY NAME _____ **SSN#** _____

(IF DIFFERENT FROM YOURS) **ADDRESS** _____

JOINT MEMBERS

MEMBER _____ SSN# _____

STREET _____ Drv Lc # _____

CITY _____ STATE _____ ZIP _____

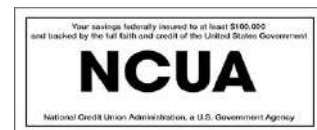
DATE OF BIRTH _____ HOME PHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

FOR SECURITY VERIFICATION LIST MOTHER'S
MAIDEN NAME _____

WORK PHONE _____

_____ Member Verification



AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Share Account Agreement and terms of the Pearl Municipal Credit Union, Truth-in-Savings Disclosures (Rate and Fee Schedule) and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the agreement and disclosures. NOTE: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Please read it (below) and check any applicable blanks before signing.

X		X	
Member's Signature	Date	Joint Member Signature	Date

Founded in 1981 exclusively for the benefit of the employees of the City of Pearl and Pearl Public Schools and their families.