

Name: \_\_\_\_\_ Member number \_\_\_\_\_

By signing this form I am applying for an additional account(s) or signor under my current member number at CBI Federal Credit Union. Additional members need to submit a copy of a photo ID along with this form.

Type of Account:

- SPECIAL SAVINGS (11)
- HOLIDAY CLUB SAVINGS (30)
- SHARE DRAFT CHECKING (75)
- 2<sup>nd</sup> SHARE DRAFT CHECKING (76)
- INDIVIDUAL RETIREMENT SAVINGS ACCOUNT (IRA) (81)

Account Ownership:

- Individual                       Joint

Beneficiary Designation:

Printed Name	Date of Birth	Social Security Number	Relationship to Member
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned agree(s) to the terms stated in the Account Information Brochure that apply to any approved account and acknowledge its receipt.

Name	_____	Date	_____
Signature	_____	SSN	_____
Name	_____	Date	_____
Signature	_____	SSN	_____
Name	_____	Date	_____
Signature	_____	SSN	_____