



**CBI Federal
Credit Union**
800 699 5417

Name: _____ Member Number _____

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

Type of Account:

- REGULAR SHARE (01)
- SPECIAL SAVINGS (11)
- HOLIDAY CLUB SAVINGS (30)
- MONEY MARKET SAVINGS (40)
- SHARE DRAFT CHECKING (75)
- 2nd SHARE DRAFT CHECKING (76)
- INDIVIDUAL RETIREMENT SAVINGS ACCOUNT (IRA) (81)

Account Ownership:

- Individual Joint | Trust

Payable on Death 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 1	_____	Date	_____
Signature 1	_____	SSN	_____
Name 2	_____	Date	_____
Signature 2	_____	SSN	_____
Name 3	_____	Date	_____
Signature 3	_____	SSN	_____