

Please complete the attached forms, sign and date, before returning them to the credit union with a PHOTO-QUALITY government issued picture ID such as a driver's license; as required by the Patriot Act.

You may scan/email the Picture ID but IF you scan/email or FAX the attached forms we are required to have the originals back from you.

Do not just scan/email or scan/FAX the New Member and Patriot Act forms.

We need the original New Member and Patriot Act forms completed and returned to the credit union.

If you have questions, please call the credit union at 502.459.1411.

KEMBA Louisville CU

4017 Poplar Level Rd

Louisville, KY 40213

On the **Member Application** form:

- 1- Complete the Social Security Number, Driver's License and phone number boxes
- 2- Account Designations section - Please list a beneficiary contact information
- 3- Sign / Date page 2

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LOANLINER

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:	Member No: NEW MEMBER
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility: KROGER LOUISVILLE KMA
Employer: KROGER LOCATION #	

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts _____

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)

Minor's SSN/TIN: _____

Agency Print Name of Agent: _____

Signature _____ Date: _____

All Accounts Designate Specific Accounts _____

Other: See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Suffix	Suffix
<input checked="" type="checkbox"/> Share/Savings: <u>01</u>	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority.):

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Cross out item 2 above 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, 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 agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Member Verification:

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking



Patriot Act Disclosure for New Members

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical and mailing address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identification documents. We will let you know if additional information is required.

Please provide the following information. This information is required to comply with Section 326 of the Act.

MEMBER INFORMATION: (please print)

Indicate the type of account(s) you are applying for: (mark all that apply)

- Share/Draft Checking
 Share/Savings
 Certificate of Deposit
 Individual Retirement Account

Account Relationship Primary Joint Authorized Signer

Expected Account Activity for Deposit Accounts (Primary/Joint Owners)

What is the average balance normally maintained per month? \$ _____

	Column 1	Column 2	Column 3
# transactions anticipated per month	<input type="checkbox"/> 0-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 100+
Anticipated average monthly amount of cash deposits	<input type="checkbox"/> 0-\$1500	<input type="checkbox"/> \$1501-\$3000	<input type="checkbox"/> \$3000+
Anticipated average monthly amount of cash withdrawals	<input type="checkbox"/> 0-\$1500	<input type="checkbox"/> \$1501-\$3000	<input type="checkbox"/> \$3000+
Domestic Wire Transfers	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
International Wire Transfers	<input type="checkbox"/> No		<input type="checkbox"/> Yes (see below)

If yes: _____
(List expected countries)

Automatic deposits? Yes No If yes: Payroll Gov't Benefits Other _____

Automatic withdrawals? Yes No If yes: Utilities Loans Other _____

Member does not wish to provide this information.

Source of Initial Deposit, if New Account _____
(Cash, Check, Transfer, etc.)

Member Signature: _____ **Date:** _____

Member Printed Name: _____

Employee Signature: _____ **Date:** _____

Employee Printed Name: _____

Credit Union Use Only

IMPORTANT – Information listed below must be exactly as indicated on the document that was viewed. Two forms of identification are required.

Document	Issuing Authority	ID Number	Issue Date	Expiration Date	Notations/Comments
Primary ID – Must not be expired.					
<input type="checkbox"/> Driver's License / ID	State				
<input type="checkbox"/> Passport	Country				
Social Security Card/ITIN Card					
<input type="checkbox"/> Social Security Card					<input type="checkbox"/> ITIN <input type="checkbox"/> DHS
Secondary Identification cannot be a debit or credit card.					
<input type="checkbox"/> Secondary ID	Issuer				

Existing Account New Account

Account Number(s) _____

Share Number(s) _____

BSA Risk Rating (See BSA Risk Rating Matrix Below) Low Medium High

OFAC Match? Yes No (If yes, refer to OFAC Procedures and attach documentation.)

Employee Signature: _____ **Date:** _____

Employee Printed Name: _____

BSA Risk Matrix

Add up totals for each Column (Column 1 = 1 point, etc.). The Matrix below should be followed for each new member account based on their anticipated risk level. If a member chooses not to disclose Enhanced CDD information, the member and account are automatically flagged as High Risk.

Date and Initial Below

	Welcome Letter Date (within 1 week)	30 Day Review (All Risk Levels)	60 Day Review (Medium & High Risk)	90 Day Review (High Risk)	Added to High Risk Account List
Low Risk (1 - 5 points)					
Medium (6 - 9 points)					
High (10 – 12 points)					