LPS Employees Federal Credit Union

LPS Employees Federal Credit Union
5621 N Street, Lincoln NE 68510
402-486-3644 Fax 402-486-3646 Email: custaff@lpscu.com

Mail, fax or drop off the completed application with a copy of your Driver's License.

FOR CREDIT UNION USE ONLY
Date of Membership: _____
Opened/App'd by: _____
Member Verification: _____

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No:

Member/Owner:

Street: SSN/TIN:

City/State/Zip: Driver's Lic. No: State:

Home Phone: Cell: Date of Birth:

Work Phone: LPS ID No:

Email:

Membership Eligibility: (circle one) Employee ☐ Spouse ☐ Child ☐ Retiree ☐

Employer: LPS Position: Location:

or Other:

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: State:

City/State/Zip: Date of Birth:

Home Phone: Cell: LPS ID No: (if applicable)

Work Phone: Email:

Joint Owner: SSN/TIN:

Street: Driver's Lic. No: State:

City/State/Zip: Date of Birth:

Home Phone: Cell: LPS ID No: (if applicable)

Work Phone: Email:

ACCOUNT DESIGNATIONS Payable on Death (POD) / Beneficiary

☐ Beneficiary/POD Payee: _____
SSN and DOB: _____
Street: _____
City/State/Zip: _____

☐ Beneficiary/POD Payee: _____
SSN and DOB: _____
Street: _____
City/State/Zip: _____

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; (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. person (including a U.S. resident Alien).

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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

X _____ Signature Date

X _____ Signature (Joint Owner) Date

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 Agreement 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 Funds Transfer Agreement. *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 (Joint Owner) Date

Where did you find out about us? Co-worker ☐ Staff Meeting ☐ CU Event ☐ Internet ☐ Other _____

Services of Interest? Savings ☐ Checking ☐ Debit Card ☐ Certificate of Deposit ☐ Loan ☐