

P.O. Box 2930 Casper, WY 82602 (307) 234-2373 (800) 442-2392

Membership Application & Agreement

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|---|--------------------------|--|--------------------|---|------------|------------------------|------------------------------|----------------------|---------------|---------------|--|
| | | | Name (last, first) | | | | Account Number | | | Br. No. | |
| Account Type(s): |): Membership Share | | | | | | ☐ IRA Share | | Money Market | | |
| Account Ownership: | Share Draft Undividual | | | ☐ DBA Organizational Share D☐ Joint with Survivorship | | | Credit Applied For: POD | | Trust | | |
| <u> </u> | | | | | 1 | | | | rrust | | |
| IMF | ORTANT IN | NFORM | IATION A | BOUT PROCE | DUR | E[S] FOR O | PENING A NEW | ACCOUNT | | | |
| To help the government fight the f opens an Account. | funding of terrorism | and money | laundering activ | ities, Federal law requi | ires all f | inancial institutions | to obtain, verify, and recor | d information that i | dentifies eac | ch person who | |
| What this means for You: When driver's license or other identifying | | int, We will | l ask You for You | our name, address, dat | te of bir | th, and other inforn | nation that will allow Us to | identify You. We | may also as | k to see Your | |
| Primary Member Information | | | | | | | | | | | |
| Name: Prefix - Optional (Mr., Ms. | , Mrs.) | First | | | | Last | | | M.I. | Suffix | |
| Address | | Apt/Box | : | City | | | | State | Zip | | |
| | | 1 - 1 | | | | | | | | | |
| Home Telephone | Bu | usiness Telephone | | | E-Mai | l Address | Birth Date | | | | |
| Social Security Number | | Driver's L | icense Number/S | Number/State/Exp. Date Employer | | | | | | | |
| Signer 2 Information | | | | | | | | | | | |
| Name: Prefix - Optional (Mr., Ms. | , Mrs.) | First | | 1 3 | | Last | | | M.I. | Suffix | |
| Address | | Apt/Box | | City | | | | State | Zip | | |
| Home Telephone | Bu | usiness Telephone E-M | | | | l Address | Birth Date | | | | |
| Social Security Number | Security Number Driver's | | | ver's License Number/State/Exp. Date | | | Employer | | | | |
| Signer 3 Information | Joint | Owner | Trustee | Other Specify: | | | | | | | |
| Name: Prefix - Optional (Mr., Ms. | , Mrs.) | First | | | | Last | | | M.I. | Suffix | |
| Address | | Apt/Box | | City | | | | State | Zip | | |
| Home Telephone | Bu | usiness Telephone E-M | | | E-Mai | ail Address Birth Date | | | | | |
| Social Security Number | | Driver's License Number/State/Exp. Date Employer | | | | | | | | | |
| Signer 4 Information | ☐ Joint | Owner | Trustee | Other Specify: | | | | | | | |
| Name: Prefix - Optional (Mr., Ms. | , Mrs.) | First | | | | Last | | | M.I. | Suffix | |
| Address | | Apt/Box | : | City | | | | State | Zip | | |
| | | | | | | | | | | | |
| Home Telephone | Bu | siness Telep | | | E-Mai | l Address | | Birth Date | | | |
| Social Security Number | | Driver's L | icense Number/S | tate/Exp. Date | | Employer | | | | | |
| Payable On Death Ac | count Benefic | ciary De | esignation | | | | | | | | |
| In the event of Your death, You her | eby designate the foll | owing benef | iciary(ies). | | | | | | | | |
| Name | | | Realationship | | | SSN | Birth Date | | | | |
| Name | | Realationship | | | SSN | Birth Date | | | | | |
| Name | | | RealationshipSSN | | | | Birth Date | | | | |

Overdraft Protection (if opening a Share Draft Account) Your overdrafts will be covered by transferring funds from Your Loan/Share Account I.D. identified below. Account No. Loan ID Share ID ATM Card/VISA Debit Card/Telephone Teller/Online Banking You are requesting the convenience of 24-hour access to Your Credit Union Account with Instant Issue ATM Card, VISA Debit Card, Telephone Teller and/or Online Banking, in conjunction with a Personal Identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of automated teller machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your checking account. You would like: ATM Card ☐ VISA Debit Card Telephone Teller Online Banking Name on Card 1: Name on Card 2: Name on Card 3: Card Number: **Taxpayer Identification and Backup Withholding** Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien). INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above. DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT. We will be unable to open an Account for You without a taxpayer identification number. Social Security Number **Signatures** You hereby apply for membership with WyHy Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of WyHy Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If You are now applying or subsequently apply for any Feature Category contained in Our Credit Line Account program, You agree and understand that if approved, You are contractually liable according to the applicable terms and conditions of the Credit Line Account Agreement and Disclosure and You promise to pay all amounts charged to Your Credit Line Account according to its terms. If Your application for membership and/or for credit is a joint application, any liability created by the use of Your Account or by Your Credit Line Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Membership Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for WyHy Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s). The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding. You hereby acknowledge Your intent to apply for joint credit _ Applicant's Initials Co-Applicant's Initials Applicants (Primary Member) Signature Date Date Signer 2 Signature Signer 3 Signature Signer 4 Signature **Credit Union Use Only** Date of Membership ___ Opened/by__ ___ Membership Officer:__

Credit Report

_Checks Ordered

_Form of ID

ATM/Debit Card Ordered

_Hex System

_Telephone Teller

OFAC

Teller #___

Online Banking



P.O. Box 20050 Cheyenne, WY 82003 (307) 638-4200 (800) 442-2392

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Membership Application & Agreement

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|--|-----------------------------------|--|---|-------------------------|----------|-----------------------|--------------------------------|-----------------------|------------------------|---------------|--|
| | | Na | st) | | | Account Number | | Br. No. | | | |
| Account Type(s): | nt Type(s): | | | | | | ☐ IRA Share | | | Money Market | |
| Account Ownership: | Share Draft Ownership: Individual | | ☐ DBA Organizational Share I☐ Joint with Survivorship | | | e Draft [| Credit Applied For: POD | | Trust | | |
| - | OPTANT IN | JEODM A T | TON A | ROUT PROCE | intii | PEISTEOR C | PENING A NEW | ACCOUNT | | | |
| | | | | | | | | | 1 | h | |
| To help the government fight the fu opens an Account. | unding of terrorism | and money laun | dering activ | ities, Federal law requ | ires all | Imancial institution | s to obtain, verify, and recor | d information that ic | ientifies eac | n person who | |
| What this means for You: When Y | • | nt, We will ask | You for Y | our name, address, da | te of b | irth, and other infor | mation that will allow Us to | identify You. We r | nay also asl | k to see Your | |
| driver's license or other identifying | documents. | | | | | | | | | | |
| Primary Member Information | | | | | | | | | | | |
| Name: Prefix - Optional (Mr., Ms., | | First | Trust | other speeny. | | Last | | Tod a Non Resident 7 | M.I. | Suffix | |
| A 11 | | Apt/Box | | City | | | | State | 7: | | |
| Address | | Аривох | | City | | | | State | Zip | | |
| Home Telephone | Bu | siness Telephone E- | | | E-Ma | ail Address | Birth Date | | | | |
| Social Security Number | | Driver's Licens | ise Number/State/Exp. Date Employer | | | | | | | | |
| | | | | | | | | | | | |
| Signer 2 Information | | | | | | | | | | | |
| Name: Prefix - Optional (Mr., Ms., | Mrs.) | First | | | | Last | | | M.I. | Suffix | |
| Address | | Apt/Box | | City | | | | State | Zip | | |
| Home Telephone | Bus | siness Telephone E | | | E-Ma | Tail Address | | Birth Date | | | |
| Social Security Number Driver's | | | s License Number/State/Exp. Date | | | Employer | | | | | |
| | | | | | | | | | | | |
| Signer 3 Information | Joint | Owner Tr | ustee | Other Specify: | | | | | | | |
| Name: Prefix - Optional (Mr., Ms., | Mrs.) | First | | | | Last | | | M.I. | Suffix | |
| Address | | Apt/Box | | City | | | | State | Zip | | |
| | | | | | | | | | | | |
| Home Telephone | Bu | siness Telephone | | | E-Ma | ail Address | | Birth Date | | | |
| Social Security Number | | Driver's License Number/State/Exp. Date Employer | | | | | | | | | |
| _ | | | | | | | | | | | |
| Signer 4 Information | | | ustee | Other Specify: | | | | | | | |
| Name: Prefix - Optional (Mr., Ms., | Mrs.) | First | | | | Last | | | M.I. | Suffix | |
| Address | | Apt/Box | | City | | | | State | Zip | | |
| Home Telephone | Bus | siness Telephone | | | E-Ma | ail Address | | Birth Date | | | |
| Social Security Number | | Driver's Licens | e Number/S | tate/Evn Date | | Employer | | | | | |
| Social Security Pulliber | | Driver's Licens | e Humber/3 | mac/Lap. Date | | Employer | | | | | |
| Payable On Death Acc | count Benefic | ciary Desig | nation | | | | | | | | |
| In the event of Your death, You here | eby designate the foll- | owing beneficiar | v(ies). | | | | | | | | |
| Name | | | Realationship | | | SSN | Birth Date | | | | |
| Name | | Ro | alationship_ | | | SSN | | Birth Date | | | |
| Name | | | alationship_ | | | SSN | | Birth Date | Birth Date Birth Date | | |
| · | | | | · | | · | · | | | | |

| Overdraft Protection (if opening | ng a Share Draft Account) | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| Your overdrafts will be covered by transferring | funds from Your Loan/Share Account I | D. identified below. | | | | | | |
| Account | No. | Loan ID | · | Share ID | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ATM Card/VISA Debit Card/I | Telephone Teller/Online B | anking | | | | | | |
| You are requesting the convenience of 24-hour Personal Identification Number (PIN) or Access and will also allow You to pay for services and You would like: | Code. Your VISA Debit Card will allo | w You to use a number of automated teller ma | | | | | | |
| ATM Card | VISA Debit Card | Telephone Teller | Online Banking | | | | | |
| Name on Card 1: | | Name on Card 2: | | | | | | |
| Name on Card 3: | | Card Number: | | | | | | |
| | Taxpayer Ident | ification and Backup Withholo | ding | | | | | |
| Under penalties of perjury, You certify: (1) the Account is established under the Uniform Gift withholding as result of a failure to report all i person (including a U.S. resident alien). | Transfer to Minors Act); (2) that You | are not subject to backup withholding either | because You have not been no | tified that You are subject to backup | | | | |
| INSTRUCTION TO SIGNER. If You have be notice from the IRS that the backup withholding | | | withholding due to payee underre | porting and You have not received a | | | | |
| DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT. | | | | | | | | |
| We will be unable to open an Account for You | without a taxpayer identification numbe | r. | Social Security Number | | | | | |
| Signatures | | | | | | | | |
| You hereby apply for membership with WyHy You realize that such information will be relied provided to Us by You. By signing below, You Credit Union in effect from time to time. You found therein. If You are now applying or subs liable according to the applicable terms and co terms. If Your application for membership and/person, association, firm, corporation or person information. In addition to establishing a Mem addition of joint owner(s) of Your Account(s). that Your continuing authorization will remain i of funds or the transaction of any business for Your Accounts. | d upon by Us in determining Your men u agree to be bound by the terms and a urther acknowledge receiving a copy of equently apply for any Feature Categor nditions of the Credit Line Account Ag or for credit is a joint application, any lonnel office to furnish information co bership Share Account, You may also Your signature below is Your continuin n effect unless We receive written instr | mbership eligibility. You hereby authorize Ustonditions found within Your application for rethe Agreements and Disclosures related to You contained in Our Credit Line Account programement and Disclosure and You promise to jability created by the use of Your Account oncerning Your affairs upon Our request, inc from time to time request additional Account gauthorization for WyHy Federal Credit Unic | , Our employees and agents to in membership and to the bylaws, ru- pur Account(s) and You agree to ram, You agree and understand the pay all amounts charged to Your or by Your Credit Line Account is luding, but not limited to, prov- tes and/or Account Services be e- on to follow Your written or verbar | nvestigate and verify any information les and regulations of WyHy Federal be bound by the terms and conditions at if approved, You are contractually Credit Line Account according to its joint and several. You authorize any ding credit and employment history stablished on Your behalf and/or the I instructions to do so and You agree | | | | |
| The Internal Revenue Service does not require | re Your consent to any provision of th | is document other than the certifications re | quired to avoid backup withhol | ding | | | | |
| _ | | | = · · · · · · · · · · · · · · · · · · · | = | | | | |
| You hereby acknowledge Your intent to apply for j | Applicant's Initials | Co-Applicant's Initials | | | | | | |
| | | | | | | | | |
| Applicants (Primary Member) Signature | Date | Signer 2 Signature | | Date | | | | |
| | | | | | | | | |
| Signer 3 Signature | Date | Signer 4 Signature | | Date | | | | |
| Credit Union Use Only | | | | | | | | |
| Date of Membership | Opened/by | | Membership Officer | | | | | |
| Credit Report | Hex System | ATM/D | ebit Card Ordered | Teller # | | | | |
| Checks Ordered | Telephone Teller | Form of ID | Online Banking | OFAC | | | | |