Midwest Coalition of Labor

MCL

Credit Union

6240 Joliet Rd
Countryside, IL 60525-3957
phone: 708.482.9606
fax: 708.482.9622
e-mail: info@mclcu.org
website: www.mclcu.org

Greetings,

Thank you for your interest in joining the Midwest Coalition of Labor Credit Union. Attached is the application for membership.

In order to establish your account, the following items need to be mailed to the Credit Union:

- Completed application.
- Copy of Driver's License (front and back)
  - With the address on the Driver's License matching the address on the application
- Copy of current union card (if applicable)
- Initial deposit of at least $100.00

Please mail those items to the following address:

MCLCU
6240 Joliet Rd
Countryside, IL 60525

If you have any questions give us a call at (708) 482-9606.

We look forward to serving you!

Thank you,

Casey Martin
President

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MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: _____

Account No: _____

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

☐ **Individual**   ☐ **Joint Account with Survivorship**   ☐ **Joint Account without Survivorship**

Street: _____	E-mail: _____
City/State/Zip: _____	SSN/TIN: _____
Phone: _____	Driver's Lic. No: _____
Alternate Phone _____	Date of Birth: _____

Eligibility for Membership: ☐ Union Member – Union Name: _____

☐ Family – Related To (Name & Acct #) _____

☐ Other – Union Name & Department: _____

ACCOUNT OWNERSHIP

Joint Owner: _____	E-mail: _____
Street: _____	SSN/TIN _____
City/State/Zip: _____	Driver's Lic. No: _____
Phone: _____	Date of Birth: _____

Joint Owner: _____	E-mail: _____
Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Phone: _____	Date of Birth: _____

Joint Owner: _____	E-mail: _____
Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Phone: _____	Date of Birth: _____

ACCOUNT DESIGNATIONS

☐ **Payable on Death (POD)/Trust Account**

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

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 below unless the Credit Union is notified in writing of a change.

Suffix*   Suffix*

☐ Share/Savings: _____   ☐ Money Market: _____

☐ Share Draft/Checking: _____   ☐ Other: _____

☐ Share Certificate: _____   ☐ Other: _____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

FOR CREDIT UNION USE ONLY

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 FACTA 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 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.

☐ I/We certify that I/we are currently a member in good standing and of a local union affiliated with the Midwest Coalition of Labor Credit Union, and that I/we will remain a member in good standing for as long as I receive loans or other financial services from Midwest Coalition of Labor Credit Union.

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 _____   **X** _____

Signature   Date   Signature   Date

X _____   **X** _____

Signature   Date   Signature   Date

PROXY INFORMATION

Shareholder's Name _____ Date _____

The undersigned hereby constitutes and appoints the Board of Directors of Midwest Coalition of Labor Credit Union, who are qualified and acting Directors at the time this proxy is used, or their assigns, my true and lawful attorneys, for me and in my name, place, and stead, with full power of substitution, from the date of this instrument until this proxy is cancelled by written notice to the Secretary-Treasurer of said Credit Union, to vote as my proxy all shares of the undersigned in said Credit Union at any and all meetings, regular or special, of the shareholders of said Credit Union, or and adjournment thereof, which may be held during the time this proxy is in force, giving and granting to my said proxys all the powers the undersigned would possess if personally present. My attendance at any meeting or meetings of the shareholders of said Credit Union shall suspend the powers herein granted and this proxy shall be ineffective only as to such meetings attended by me, thereafter to remain in full force and effect until rescinded as herein provided.

X _____

Shareholder's Signature