

Opening Your Account at Lone Star Credit Union

Thank you for your interest in opening an account at Lone Star Credit Union! Please print and complete the attached 'Member Services Request' to request membership.

Completing the 'Member Services Request' Form

Member/Owner Information

- ◆ Please complete all lines except the member number, which we will assign.

Election of Share or Deposit Account Types and Services

- ◆ Check the box to the left of all account types and services you wish to enroll in. Please see our website or call 800-588-6928 for more information on services we offer. All members must establish a share/savings account with their membership.
- ◆ We will complete the suffix number when your membership is accepted.

Account Ownership Selection

- ◆ Select one ownership type:
 - Single owner without beneficiary would initial option one. If you die the funds from your account would go to your estate.
 - Single owner with beneficiary would initial option two. If you die the funds in your account would go to your beneficiary(ies).
 - Account with more than one owner and no beneficiaries, all account owners would initial option three. If one account owner dies, the funds remain in the account for the other account owners.
 - We do not offer ownership option four, please skip.
 - Account with more than one owner and beneficiaries, all account owners would initial option five. All owners would have to be deceased in order for the funds to pass to the beneficiary(ies).

- ◆ If there is more than one owner on the account, please complete the joint party account information. **Joint owners have the same rights and responsibility as the main owner in conducting transactions on the account. Do not allow a joint owner on your account unless you have full faith and confidence they will safeguard your account as well as you will.**

Account Designations

- ◆ If you have selected an account type with beneficiaries, please provide the name and identifying information about all beneficiaries (social security number or current address).

Request for Credit

- ◆ Check the 'Loanliner account' box if you feel you may ever desire to apply for a loan with the credit union. This is not to say you want to apply for a loan today. However, if we have this information on file now, *you won't have to complete a loan application when you do need a loan.* If you don't know or are uncomfortable providing this information now, leave the box unchecked. It is not required to process your membership request.
- ◆ Please skip the 'credit card account' box, it is not applicable.

Acknowledgments

- ◆ All account owners should sign and date this section after reading the disclosures thoroughly.

Enrollment/Application and Schedule for Voluntary Payment Protection

- ◆ If you checked the Loanliner account box under 'request for credit', please complete this sheet. Whenever you do wish to apply for a loan, this information will already be on file and will allow us to process your request more quickly.

Credit Life Protection

Credit life is designed to pay off the insured balance on your loan in the event of your untimely death. This coverage is available to our members at group discounted rates and is conveniently included in your loan payment. Providing peace of mind to your loved ones and heirs is included in your payment calculation. The applicant and/or spouse can be underwritten.

Credit Disability Protection

Studies show there is a 20% chance of incurring a debilitating illness during your working career. Credit disability is designed to pay your loan payments (up to the contract limit) if you become ill or disabled and are unable to work. Providing peace of mind to you and your loved ones is included in your payment calculation. Credit disability can only be underwritten for the applicant/owner of the account.

- ◆ Choose 'yes' or 'no' to each insurance product
- ◆ Complete your name under the 'member' line
- ◆ Skip member number, as we will assign when the account is opened
- ◆ Complete loan beneficiary information (separate from member account beneficiaries)
- ◆ Provide signature(s)

Additional Requirements for Membership

- ◆ A clear copy of your current unexpired drivers license
- ◆ If your address is not current on your drivers license, then also include a lease contract or utility bill with your name from your current residence
- ◆ In addition to your drivers license, please provide a second form of ID which contains at least two of the following:
 - Signature
 - Photo
 - Preprinted Name
 - Birth Date
- ◆ A check or money order with your initial \$25 membership deposit. Please do not send cash. If you prefer, we can fund your initial deposit by credit/debit card or check by phone at no charge when we receive your application.
- ◆ If opening a checking account, please include an additional \$25. Please do not send cash. If you prefer, we can fund your initial deposit by credit/debit card or check by phone at no charge when we receive your application.

Joint Owner:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	ID Issuing State:
Work Phone: Cell Phone:	ID Exp. Date: Date of Birth:
E-mail:	Mother's Maiden Name:

ACCOUNT DESIGNATIONS - Please complete this section if you desire any beneficiary or custodian on your accounts

POD Beneficiaries - Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all accounts listed under the "ACCOUNT TYPE" section.

Name of Beneficiary: _____	Identifying Information: _____
Name of Beneficiary: _____	Identifying Information: _____
Name of Beneficiary: _____	Identifying Information: _____

Designation of Successor Custodian - Pursuant to the Texas Uniform Transfers to Minors Act, I designate _____ successor custodian for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

X _____	X _____
SIGNATURE OF CUSTODIAN	WITNESS
DATE	DATE

REQUEST FOR CREDIT

LOANLINER® Account: By checking the box for a LOANLINER® Account, you are opening a Credit Plan even if you are not receiving an advance today.
Credit Card Account: By checking the box for a Credit Card Account, you are requesting a credit card at this time. There are costs associated with the use of the card. To obtain information about these costs, contact us at the address/phone number on the first page.

APPLICANT	CO-APPLICANT
Name: _____	Name: _____
I request the following account(s). <input type="checkbox"/> LOANLINER® Account <input type="checkbox"/> Credit Card Account	I request the following account(s). <input type="checkbox"/> LOANLINER® Account <input type="checkbox"/> Credit Card Account

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, and by signing below, 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),
 (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.

ACKNOWLEDGMENTS

Credit Report Authorization: By signing below you authorize the credit union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. The credit union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

For Credit Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the LOANLINER® Credit and Security Agreement including the Addendum, disclosures and information related to voluntary payment protection and to any amendments that may be made to any of these documents from time to time; you understand that the use of any credit card you receive will constitute acknowledgment of receipt and agreement to the terms of the credit union's Credit Card Agreement and Disclosures; and you grant the credit union a security interest in all share and/or deposit accounts that you own now and in the future to secure what you owe under the LOANLINER® Credit and Security Agreement and the Credit Card Agreement. When you are in default, you authorize the credit union to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

For Account and/or Account Service Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth in Savings Disclosure, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and Disclosure and Privacy Notice and to any amendments to these documents that the credit union may make from time to time.

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	SIGNATURE
DATE	DATE
X _____	X _____
SIGNATURE	SIGNATURE
DATE	DATE

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Election

Date of Membership: _____ Opened/Approved By: _____

Credit Report

ENROLLMENT/APPLICATION AND SCHEDULE FOR VOLUNTARY PAYMENT PROTECTION

CUNA Mutual Insurance Society • Madison, WI 53701-0391 • Phone: 800/937-2644

"You" or "Your" means the member and the joint insured (if applicable). The joint insured may only be spouses or business partners.

that particular advance will not be insured until you return to work and complete an application for insurance. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.

Credit insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. By signing below you certify that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- You are working for wages or profit for 25 hours a week or more on the date of the initial advance. If you are not,

- For Credit Life insurance, if you are not actively at work on the date of the initial advance, you have not, at any time during the twelve (12) months immediately preceding the date of the initial advance, received a medical diagnosis or any care or treatment for cancer, high blood pressure or for any disease of the heart, lungs or blood vessels.
- You are under the Maximum Age for Insurance. Insurance will stop when you reach that age.

NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
Single Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$.201	
Single Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.066	
Joint Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.098	

If you are totally disabled for at least 14 days, then the disability benefit will begin with the 15th day of disability.

MEMBER		INSURANCE MAXIMUMS		DISABILITY	LIFE
ACCOUNT NUMBER	GROUP POLICY NUMBER	MAX. MONTHLY TOTAL DISABILITY BENEFIT PER LOAN		\$ 850.00	N/A
	042-1730-7	MAX. AMOUNT OF LOAN INSURABLE PER LOAN		\$ 50,000.00	N/A
SECONDARY BENEFICIARY (If you desire to name one)	DATE OF ISSUE OF THIS CERTIFICATE	MAX. AMOUNT OF LOAN INSURABLE PER MEMBER		N/A	\$ 50,000.00
		MAX. AGE FOR INSURANCE		66	70

DATE	MEMBER'S DATE OF BIRTH	AGE	DATE	JOINT INSURED'S DATE OF BIRTH	AGE
SIGNATURE OF MEMBER (Be sure to check one of the boxes above.)			SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)		
X			X		

APP.825-0892 TX(3.53RA)