

TALERIS CREDIT UNION, INC. FIDUCIARY (CUSTODIAL) MEMBERSHIP APPLICATION

1. Qualification for Membership | WE CANNOT PROCESS YOUR APPLICATION WITHOUT THE REQUIRED PROOF OF ELIGIBILITY

TO BE ELIGIBLE FOR MEMBERSHIP, YOU MUST LIVE, WORK, ATTEND SCHOOL OR WORSHIP IN CUYAHOGA, MEDINA, LORAIN, LAKE, SUMMIT, GEauga, PORTAGE OR STARK COUNTY OR, WORK FOR A TALERIS CORPORATE PARTNER, OR BE A RELATIVE OF A CURRENT TALERIS MEMBER, OR JOIN A PARTICIPATING ASSOCIATION.

A complete listing of Taleris Corporate Partners and participating associations can be found at www.taleriscu.org/partners+associations/

VALID IDENTIFICATION INCLUDES: a valid Ohio Driver's license or State ID. If you are eligible because of where you work, attend school or worship, include a recent pay stub, or a school schedule, or a donation envelope or letter from your place of worship. Family Referral Letters are available at www.taleriscu.org/applications or call 800.828.6446. Association membership requires an additional, one time \$5.00 fee added to your initial deposit.

CHECK ONLY ONE:

☐ New Application

☐ Update

Membership Number

Date

CHECK ONE

IF YOU CHECKED LIVE, WORK, ATTEND SCHOOL, OR WORSHIP—CHECK TO INDICATE YOUR COUNTY

☐ Live ☐ Work ☐ Attend School ☐ Worship

☐ Cuyahoga ☐ Medina ☐ Lorain ☐ Lake ☐ Summit ☐ Geauga ☐ Portage ☐ Stark

☐ Ashtabula ☐ Ashland ☐ Trumbull ☐ Wayne ☐ Mahoning ☐ Columbiana

☐ Work for Taleris Corporate Partner (Enter company name. Include recent pay stub)

☐ Relative of current Taleris Member (Enter Member Name. Include Family Referral Letter)

☐ Join Association (requires additional \$5 added to initial deposit)

☐ Public Animal Welfare Society

☐ Seven Hills Historical Society

2. Enclose Initial Deposit to open account (Association Members require an additional \$5.00 in initial deposit to cover Association Fee)

AN INITIAL DEPOSIT MUST BE INCLUDED WITH THIS APPLICATION. Minimum deposit is \$5.00 — check or money order Payable to: Taleris CU is preferred.

DO NOT SEND CASH. NOTE: If you are eligible because of Association Membership, include the \$5 Assoc. Fee with your initial deposit (can be totaled on one check).

☒ Initial Deposit Amount

☐ Check

☐ Money Order

☐ Other

3. Custodial account type (For descriptions, see the Account Ownership Types form available at www.taleriscu.org/applications or call 800.828.6446.

☐ Custodian (Minor)

☐ Guardian (Ward)

☐ Representative Payee (Recipient of SS funds)

☐ Estate (Executor/Executrix)

4. Enter your Personal Information

MINOR, WARD, RECIPIENT, ESTATE INFORMATION FILL OUT COMPLETELY

First Name Initial Last Name

Street Address Apt.#

PO Box City

State Zip Home Phone

Work Phone (and area code) Cell Phone (and area code)

SSN/TIN# Mother's Maiden Name

ID# (Driver's License or Approved ID) State of Issue Exp. Date (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy) Own Home? Yes/ No

Current Employer Occupation

E-mail Address

BEST WAY TO REACH ME DURING NORMAL BUSINESS HOURS:

☐ Home Phone ☐ Work Phone ☐ Cell Phone ☐ Email

CUSTODIAN, GUARDIAN, REPRESENTATIVE PAYEE, EXECUTOR/ EXECUTRIX INFORMATION - FILL OUT COMPLETELY

First Name Initial Last Name

Street Address Apt.#

PO Box City

State Zip Home Phone

Work Phone (and area code) Cell Phone (and area code)

SSN/TIN# Mother's Maiden Name

ID# (Driver's License or Approved ID) State of Issue Exp. Date (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy) Own Home? Yes/ No

Current Employer Occupation

E-mail Address

BEST WAY TO REACH ME DURING NORMAL BUSINESS HOURS:

☐ Home Phone ☐ Work Phone ☐ Cell Phone ☐ Email

continued on next side

SUCCESSOR CUSTODIAN INFORMATION - FILL OUT ONLY TO DESIGNATE A SUCCESSOR CUSTODIAN
The Successor Custodian has no authority over the account until the Custodian is deceased or legally declared incompetent

First Name	Initial	Last Name
<hr/>		
Street Address	Apt.# / PO Box	City State Zip
<hr/>		
Home Phone (and area code)	Work Phone (and area code)	Cell Phone (and area code)
<hr/>		
Email Address		
<hr/>		

5. Choose accounts

- ☒ Primary Savings (required for membership)
- ☐ Classic Checking (Interest Bearing) ☐ Basic Checking (No Monthly Fee)

Account Options:

- ☐ No Checks ☐ No ATM/Debit Card
with my checking account

I am also interested in learning more about:

- | | | | | |
|---------------------------------------|--|--|--|---|
| <input type="checkbox"/> Auto Loans | <input type="checkbox"/> Home Equity Loans | <input type="checkbox"/> Mortgage Loans | <input type="checkbox"/> Personal Loans | <input type="checkbox"/> Bill Consolidation Loans |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> IRA's | <input type="checkbox"/> Holiday Savings Acct. | <input type="checkbox"/> Online Bill Pay | <input type="checkbox"/> Term Share Certificate |

6. Declaration For the Primary member Check appropriate statement(s) in this section, sign and date.

- ☐ **I AM A U. S. PERSON** Includes U.S. Citizen, U.S. Resident Alien, Partnership Corporation, company or corporation 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.

Under penalty of perjury, I certify: (1) The number shown on this form is my correct taxpayer ID number (or I am waiting for a number to be issued to me), 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 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).

- ☐ I am NOT a U.S. Person. (Complete IRS Form W8BEN)
- ☐ I am subject to backup withholding.
The Internal Revenue service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

X

Signature of Custodian, Guardian, Representative Payee, Executor/Executrix

Date

7. Sign application

I hereby make application for membership in Taleris Credit Union (TCU) and agree to conform to its articles, bylaws and regulations, and to subscribe for at least one (1) share. I agree to be bound by the applicable agreements which have been provided to me in current form for the accounts and services listed herein.

Note: All accounts are insured to \$250,000 by ASI (American Share Insurance), a private member owned insurer. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT SPONSORED AGENCY.

By signing below, I certify that the information on this application is complete, true and submitted for the purpose of obtaining the accounts and services requested. I agree that for the purpose of: (a) verifying information on this application or (b) extending credit or services to me or (c) reviewing or collecting my credit accounts, Taleris Credit Union may, at any time, utilize a credit reporting agency to obtain my credit report and/or verify my employment.

I understand that this application must be completed in its entirety for Taleris to process my request.

X

Signature of Custodian, Guardian, Representative Payee, Executor/Executrix

Date

8. How Did You Hear About Us?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Work For _____ | <input type="checkbox"/> Family or Friend | <input type="checkbox"/> Previous Member | <input type="checkbox"/> Branch Banner |
| <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Print Ad | <input type="checkbox"/> TV Ad | <input type="checkbox"/> Online |
| <input type="checkbox"/> Other (please specify below) | | | |

Mail To: Taleris Credit Union, Inc. | ATTENTION: Member Services
PO Box 318072
Cleveland, OH 44131-8072

FOR OFFICE USE ONLY: SEG # _____