



Membership Application

Better Banking. Better Lives.

INSTRUCTIONS

The Membership Application should be completed by any individual or organization wishing to join Hope Federal Credit Union (hereinafter referred to as "Hope Credit Union" or "HOPE"). Please complete fully all relevant sections. The following are instructions for completing the Membership Application.

ACCOUNT SELECTION (required)

In this section, mark the amounts you wish to deposit in each type of HOPE account. An additional \$10 is added to any initial deposit as a membership fee in HOPE and Hope Enterprise Corporation, the credit union's primary sponsor.

HOPE REWARDS CHECKING – A free checking account that pays massive dividends.

HOPE REWARDS CHECKING PLUS – A free checking account that pays massive dividends, and has a savings plan too!

EASY CHECKING – Paperless checking account.

EASY CHECKING PLUS – A checking account with the benefit of paper checks.

BUSINESS CHECKING – An account designed just for businesses.

HOPE SAVER – Basic savings account.

CHRISTMAS CLUB ACCOUNTS – A convenient way to save for the holidays.

HOPE MONEY MARKET – Money market account.

CERTIFICATE(S) OF DEPOSIT – Time deposit account.

If you wish to direct your deposit to support a particular area, please select one of the High Impact CD options. High Impact CDs pay below market rates.

Please indicate which term (and rate, if applicable) that you wish to select for your certificate of deposit.

Current rates and terms on all of these products are listed on the HOPE rate sheet and website, www.hopecu.org.

The TOTAL ENCLOSED amount should equal the amount of your initial deposit and membership fee. Please accompany this Membership Application with a check or money order for this amount. Please do not send cash in the mail. A cash deposit may be made at a HOPE branch.

ACCOUNT SERVICES REQUESTED – Please select the account services that you wish to apply for.

GENERAL ACCOUNT INFORMATION

This section must be completed for all applications.

Name – If this is a personal account, enter your complete legal name. If this is a business/organization account, enter the name of the contact person for the business/organization.

Organization – If this is a business/organization account, enter the name of the business/organization.

City – Enter the name of the city of your primary residence or primary business location.

State – Enter the name of the state of your primary residence or primary business location.

Zip – Enter the zip code of your primary residence or primary business location.

County – Enter the name of the county of your primary residence or primary business location.

Phone – Enter the telephone number for your primary residence (h) and place of business (w).

Social Security/Tax ID Number – If this is a personal account, enter your Social Security Number. If you do not have a Social Security Number, enter your Tax ID Number. If this is a business/organization account, enter the Tax ID Number of the business/organization.

Date of Birth – If this is a personal account, enter your date of birth.

E-mail Address – If this is a personal account, enter your e-mail address. If this is a business/organization account, enter the e-mail address of the contact person.

Employer – Enter the name of your employer(s).

FOR BUSINESS/ORGANIZATION ACCOUNTS

This section must be completed for all business/organization applications. All Business/Organization Applications (except sole proprietorships) must be accompanied by a completed resolution of the authorized members, directors, or partners.

Section 1.- All Business Accounts must choose one of the following:

Business Entity – Check this box if the account is for a non-sole proprietorship, for-profit business entity.

Sole Proprietorship – Check this box if the account is for you as a sole proprietor.

Nonprofit – Check box if the account is for a nonprofit organization.

Section 2.- Must be completed for all Business Entity and Nonprofit Accounts

Date of initial business/organization filing with Secretary of State's Office, State of filing – enter the date and state where the business organization filed its corporate documents.

Section 3.- All Business Entity and Nonprofit Accounts must complete one of the following:

Date of Incorporation, State – Enter the date and state of incorporation.

Partnership Agreement Date, State – Enter the date and state of partnership or LLC agreement.

Trust Date, Name of Grantor – Enter the date the trust was formed and the name of the grantor.

Other Document, Description – Provide details of any other document used to create your business/organization.

Please initial Membership Disclosure at bottom of form.

FOR PERSONAL ACCOUNTS

This section must be completed for all personal account applications.

Designate the ownership of the account – Choose the type of personal account. An individual account will only include you as the owner. A joint account is owned by two or more individuals. On a Joint with Survivorship account, if one owner dies, the other automatically gains sole ownership of the account.

PERSONAL IDENTIFICATION

Choose two forms of identification and provide the required information.

JOINT OWNER INFORMATION

If you choose to open a Joint with Survivorship or Joint without Survivorship account you must complete the co-owner information.

Name – Enter the complete legal name of the co-owner.

City – Enter the name of the city of your primary residence or primary business location.

State – Enter the name of the state of your primary residence or primary business location.

Zip – Enter zip code of your primary residence or primary business location.

County – Enter the name of the county of your primary residence or primary business location.

Phone – Enter the telephone number for the primary residence (h) and place of business (w) of the co-owner.

Social Security/Tax ID Number – Enter the Social Security Number of the co-owner. If they do not have a Social Security Number, enter their Tax ID Number.

Date of Birth – Enter the date of birth of the co-owner. If there is more than one co-owner, provide the required information on an additional sheet.

BENEFICIARY

If you wish to select an individual who would receive the funds in this account on your death, please enter the individual's information in this section.

SIGNATURES

Signatures are required on all membership applications. If a signature is not on file, you may not be able to access your account.

FOR CREDIT UNION USE ONLY

MEMBER NUMBER: _____ MEMBER GROUP NUMBER: _____ PROMO CODE: _____

Date of Membership: _____ Opened/App'd by: _____ Member Verification: _____

Credit Report

HOPEAnytime ATM

HOPENet Internet Banking

HOPE24 Telephone Banking

Check Verified

HOPEAnytime Debit Card

HOPENet with Bill Pay

E-Statements

PIN Request

HOPE Platinum MasterCard

HOPE Mobile Banking

Member Privilege

HOPE CREDIT UNION MEMBERSHIP APPLICATION

Please print legibly, **HOPE CREDIT UNION**
and mail this application to: **P. O. Box 22886**
Jackson, MS 39225-9907

ACCOUNT SELECTION (required)

I'd like to open the following account(s) with Hope Credit Union:

(Enclose \$10 membership fee in addition to initial deposit.
See terms for minimum deposit in each account.)

- HOPE REWARDS CHECKING Amount \$ _____
- EASY CHECKING Amount \$ _____
- EASY CHECKING PLUS Amount \$ _____
- BUSINESS CHECKING Amount \$ _____
- HOPE SAVER Amount \$ _____
- CHRISTMAS CLUB Amount \$ _____
- NONPROFIT BONUS SAVINGS Amount \$ _____
- HOPE MONEY MARKET Amount \$ _____
- STANDARD CERTIFICATE(S) OF DEPOSIT (Standard Rate)
- HIGH IMPACT CERTIFICATE(S) OF DEPOSIT (Below Market Rate)
- Home Builder Job Builder Community Builder
- Term: 6 12 24 36 60 Months
- Amount \$ _____
- OR Make my CD a HOPE Hurricane Rebuilding CD (0-2%)
- Term: 24 36 60 Months
- Rate: 0% 1% 2%
- Amount \$ _____

I understand the funds gained by HOPE from the reduction of interest on my investment will be used to lower HOPE's cost of capital, thus allowing HOPE to assist more families and communities in areas affected by the hurricanes.

MEMBERSHIP FEE Amount \$ **10.00**

TOTAL ENCLOSED \$ _____

ACCOUNT SERVICES REQUESTED

(Subject to approval)

- Payroll Deduction/Direct Deposit E-Statements
- HOPE24 Telephone Banking HOPEAnytime ATM Card
- HOPENet Internet Banking HOPEAnytime Debit Card
- HOPE Mobile Banking HOPE Platinum MasterCard
- Member Privilege
- Please send me information about HOPE's Traditional and Roth IRA accounts.

GENERAL ACCOUNT INFORMATION (Required for all types of accounts)

Name (contact name if organization): _____

Street Address (required): _____

City: _____

State: _____ Zip: _____

County: _____

Mailing Address (if different): _____

City: _____

State: _____ Zip: _____

County: _____

Phone: (Valid Home and Work Number Required)

Home: () _____ Work: () _____

Social Security/Tax ID Number: _____

Date of Birth: _____

E-mail Address: _____

Employer: _____

FOR BUSINESS / ORGANIZATION ACCOUNTS

A corporate resolution is required for all business and organization accounts.

Organization Name: _____

Section 1. - Type of Business Account

- Business Entity Sole Proprietorship Nonprofit

Section 2. - To be completed for all Corporate/Partnership/Nonprofit Accounts

- Date of initial business/organization filing with

Secretary of State's Office: _____ State of Filing: _____

Section 3. - All Corporate/Partnership/Nonprofit Accounts complete one of the following:

Organization (if applicable): _____

- Date of Incorporation: _____ State: _____

- Partnership/LLC Agreement Date: _____ State: _____

- Trust date: _____ Name of Grantor: _____

- Other Document: _____

Description: _____

* Requires Kasasa Saver savings account, which will be opened automatically with any Kasasa Saver checking account.

FOR PERSONAL ACCOUNTS

Designate the ownership of the account:

- Individual Joint with survivorship Joint without survivorship

Member Identification - The U.S. Patriot Act requires us to positively identify all members. Please provide information from one of the following forms of government issued identification.

- Driver's License No.: _____ State: _____
Issue Date: _____ Exp. Date: _____

- Passport No.: _____ Country: _____
Issue Date: _____ Exp. Date: _____

- Military ID No.: _____
Branch of Service: _____ Issue Date: _____

- Other ID No.: _____ Issue Date: _____
Description: _____
(Copies of identification documents must be provided.)

JOINT OWNER INFORMATION

Name: _____

Street Address (required): _____

City: _____

State: _____ Zip: _____

County: _____

Home: () _____ Work: () _____

Social Security/Tax ID Number: _____

Date of Birth: _____

Employer: _____

- Driver's License No.: _____ State: _____
Issue Date: _____ Exp. Date: _____

- Passport No.: _____ Country: _____
Issue Date: _____ Exp. Date: _____

- Military ID No.: _____
Branch of Service: _____ Issue Date: _____

- Other ID No.: _____ Issue Date: _____
Description: _____
(Copies of identification documents must be provided.)

Account Change Card should be completed for additional owners

BENEFICIARY - Payable on Death (POD)

(Required if account is joint without survivorship)

Name: _____

Relationship: _____

Street Address (required): _____

City: _____

State: _____ Zip: _____

County: _____

Home: () _____ Work: () _____

Social Security/Tax ID Number: _____

Date of Birth: _____

If Beneficiary is an organization, complete Account Authorization Card.

SIGNATURES

(Required for all accounts)

By signing below, I/we certify that the information on this account application is accurate and complete, and agree to the terms and conditions of the Membership Account Agreement, the Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment Hope Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreements 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 and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I/we hereby authorize Hope Credit Union to open the account(s). Under penalty of perjury, I certify that: (1) The numbers 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. persons (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.

- Yes, I want to open my Hope Credit Union account and support community development and wealth-building. I'm enclosing \$10 to become a member of the Hope Enterprise Corporation and Hope Credit Union (\$5, tax-deductible).**

Signature _____ Date _____

Joint Owner Signature _____ Date _____

_____(initials) Yes, HOPE can tell the community that I/we are supporters. Hope Credit Union is hereby granted permission to disclose my/our membership in Hope Credit Union as long as the account remains open. I/we may revoke this permission in writing at anytime. (HOPE will not disclose account numbers or balances).