

MEMBERSHIP APPLICATION/ INFORMATION

ACCT NO. _____

DATE _____

SOCIAL SECURITY NO. _____

NAME _____
Last First Middle

ADDRESS _____

PREVIOUS ADDRESS, IF LESS THAN 6 MONTHS AT ABOVE. _____

HOME PHONE _____

DATE EMPLOYED BY SRI _____

SUPERVISOR _____

OCCUPATION _____

DEPARTMENT _____

DATE OF BIRTH _____

WIFE'S FIRST & MAIDEN NAME _____

OR

HUSBAND'S FULL NAME _____

NAME OF NEAREST RELATIVE _____

ADDRESS _____

Application for Membership

The undersigned (herein referred to as "you") hereby make application for membership in SRI Employee's Federal Credit Union and agree to conform to SRI Employee's Federal Credit Union's bylaws and any amendments thereof, and agree to subscribe for at least one share. You agree that the Credit Union maintaining copies of their bylaws at the main office of the Credit Union which may be examined by you is sufficient notice of the contents thereof and any amendments thereto. You agree that if life savings insurance is provided in regards to this account that any change of beneficiary must be in writing on a credit union provided Change of Beneficiary Form signed by you and be on record at the Credit Union. You agree that the beneficiary named on this application for membership or on such written Change of Beneficiary Form shall be the rightful party for which the Credit Union should make such payment and you agree on behalf of yourself, your heirs, your assigns, or any other person claiming through you, to indemnify and hold harmless the Credit Union from any and all loss or damage, including attorney fees, by reason of the payment of proceeds of such insurance to such named beneficiary as the SRI Employee's Federal Credit Union's record showed to be the rightful beneficiary thereof. You agree to all terms of this application of membership and the joint share account agreement which follows, for yourself, your heirs, your assigns, and any other person claiming through you any right to this account and for all your joint owners and their assigns and heirs and such agreement shall survive death. You agree that the Credit Union may terminate life savings insurance at any time in the future at the sole discretion of the Credit Union.

You - applicant - signature **X** _____

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, you certify (1) that the number shown on this form is your correct taxpayer identification number and (2) that you are not subject to backup withholding either because you have not been notified that you are subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified you that you are no longer subject to backup withholding.

(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 notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 above.

X* _____
You - applicant for membership - signature

Social Security of Taxpayer ID Number _____

JOINT SHARE AGREEMENT

The undersigned (herein referred to individually and jointly as "you", "your" and "joint account owner") authorize SRI Employee's Federal Credit Union to recognize you signatures subscribed hereto and the payments of funds or transaction of any business for this account. Each of you as joint account owners agree with SRI Employee's Federal Credit Union and amongst yourselves that all sums paid in on shares or heretofore paid in on shares by any or all of you to your credit as such joint owners with all accumulations thereon are now and shall be owned by you jointly with rights of survivorship. You agree amongst yourselves and with the Credit Union that said rights of survivorship shall survive the death of any individual joint owners and shall be maintained as to this account until the last of you die, the account no longer has more than one owner or you change the ownership status by revoking or terminating one or more of you as joint owners of this account (in such case the survivorship shall only be removed as to the revoked or terminated owners). You agree that all sums held in this account shall be subject to the withdrawal or receipt of any of you during your lifetime and that any payments to any of you shall be valid as long as you are alive and a joint owner of this account.

Any of you may pledge the shares in this account in whole or in part as collateral for loans with this Credit Union. When any of you pledge shares in this account as collateral for a loan with SRI Employee's Federal Credit Union, such pledge shall be superior to the rights of any of you or any third party and shall survive the death of any of you. In addition to any consensual liens granted by you, Federal law gives SRI Employee's Federal Credit Union a statutory lien on all shares in this account, such statutory lien shall be superior to the claims of any of you and shall survive the death of any of you as to any amounts owed by any of you to SRI Employee's Federal Credit Union.

This account is not transferable as defined in 12 C.F.R. Part 204.

***Signature on the first line should be the same as signed above.**

PRIMARY: * _____ DATE _____
Joint account owner signature

_____ DATE _____
Joint account owner signature social security number date of birth

_____ DATE _____
Joint account owner signature social security number date of birth

_____ DATE _____
Joint account owner signature social security number date of birth

_____ DATE _____
Joint account owner signature social security number date of birth

REVOCATION OF JOINT SHARE ACCOUNT AGREEMENT

You, the undersigned, hereby request and authorize SRI Employee's Federal Credit Union to terminate the ownership interest in account number _____ if the following parties: _____

The above listed parties shall be terminated as joint owners and shall have no interest, rights, ownership, or privileges in the account in any way. You agree that this termination of ownership does not affect the validity of any statutory or consensual lien created by any party prior to the date of this revocation and such statutory or consensual lien shall survive this termination. The SRI Employee's Federal Credit Union shall maintain the right to exercise its statutory or consensual lien against any and all shares held in this account for any statutory or consensual lien created prior to this termination as to the terminated parties shall also survive this termination agreement.

Signature _____ Date _____

PAYABLE ON DEATH SHARE ACCOUNT AGREEMENT

I/We the undersigned, being all of the Owners of Share Account Number _____
And/or Term Share Certificate Number _____ hereby designate said account as a Payable on Death
account under the Alabama Uniform Multiple-Person Account Act as amended from time to time. It is our
intention that the person(s) named below as Account Beneficiaries shall receive all funds held in the
account named above after the death of the last named Owner. For this purpose, Owners shall include the
Member and all joint owners of the account. If there are multiple Owners of said account, all Owners agree
that only the Member may change this Payable on Death designation. All Owners of said account hereby
agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or
hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all
accumulations thereon, are and shall be owned by the Joint Account Owners during their lifetimes, and
upon the death of any of the Owners, shall be owned by the remaining Owner(s) with rights of survivorship
until all of the Owners of said account are deceased. Upon the death of the last of the Owners to die, all
sums then held in the account shall become the property of the below named Account Beneficiaries in
equal and undivided shares, with no survivorship rights. To have an interest in said Account, an Account
Beneficiary must be alive on the day after the last Owner dies. The Credit Union's payment to the named
Account Beneficiaries shall be valid and discharge said Credit Union from any liability for such payment to
others. If there are no Account Beneficiaries alive on the day after the last of the Owners die, then the estate
of the last of the Owners shall be considered the Account Beneficiary. No designation hereon shall have
any effect upon any Insurance Beneficiary named on the Account Agreement card.

OWNERS:

**ACCOUNT BENEFICIARIES:
(Please print)**

X _____

Name of Beneficiary

X _____

Address of Beneficiary

X _____

Relationship to Member

X _____

Name of Beneficiary

Address of Beneficiary

Relationship to member

Name of Beneficiary

Address of Beneficiary

Relationship to member