

Personal Membership and Deposit Account Agreement

SUPPORTING OUR MISSION

Self-Help's mission is to create and protect ownership and economic opportunity for minorities, women, rural residents, and low wealth families and communities. Your deposit serves to support our mission by helping to fund our mortgage, small business, and nonprofit lending.

The Center for Community Self-Help (CCSH) is a nonprofit 501(c)(3) organization that develops and coordinates Self-Help's programs, raises resources, and advocates for economic opportunity. Your membership in CCSH acknowledges your support of our work.

Self-Help Credit Union deposit accounts are open to members of the Center for Community Self-Help. To join CCSH, there is a required one-time non-refundable membership fee of \$25 (\$20 is tax-deductible).

ACCOUNT DESIGNATION

- Individual Custodian/Power of Attorney
 POD Trust Joint with survivorship*
 Sole Proprietorship Joint without survivorship

**Right of Survivorship (N.C. General Statute 54-109.58)*

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) any one person named as joint owner in the account may make or direct a withdrawal from the account unless we direct that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon death of the one joint owner the money remaining in the account will not pass by inheritance to heirs of the deceased owner's will, but will belong to the surviving joint owner(s).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Customer Identification Program (CIP):

To help the United States government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver license or other identifying documents.

Completely fill out all sections of this agreement, and mail it to the address below with your total deposit. Be sure to include your one-time, non-refundable membership fee of \$25 (\$20 is tax deductible), or the fee will be deducted from your total deposit.



CREDIT UNION

PO Box 3619 • Durham, NC 27702-3619
301 W. Main Street • Durham, NC 27701

PERSONAL MEMBERSHIP REGISTRATION

FOR SELF-HELP USE ONLY: Account Number _____

*Member Name _____
(First) (Middle) (Last)

*SSN/ITIN _____ *Date of Birth _____

*Street Address _____

Mailing Address _____

*City _____ *State _____ *Zip Code _____

Email Address _____ Phone (home) _____

Phone (work) _____ Phone (mobile) _____

*Driver License # _____ *Mother's Maiden Name _____

* Indicates required information. One phone number is also required.

Personal Membership and Deposit Account Agreement

JOINT ACCOUNT HOLDER

*Name _____
(First) (Middle) (Last)

*SSN/ITIN _____ *Date of Birth _____

*Street Address _____

Mailing Address _____

*City _____ *State _____ *Zip Code _____

Email Address _____ Phone (home) _____

Phone (work) _____ Phone (mobile) _____

*Driver License # _____ *Mother's Maiden Name _____

** Indicates required information. One phone number is also required.*

Indicate which deposit account(s) are to be jointly held. All, or Only the following _____

CUSTODIAN / POWER OF ATTORNEY

For custodial accounts (including transfer/gift to minor accounts), and Power of Attorney, the beneficiary, minor, or principal is the member. Enter member information in the Personal Membership Registration section. Enter custodial information below.

Type of Custodial Account _____

Expiration Date of Power of Attorney, if applicable _____

Deposits to an UTMA/UGMA (Uniform Transfers/Uniform Gifts To Minors) custodial account are irrevocable. Funds belong to the minor, but are controlled by the custodian until the minor reaches 18 years of age.

Check here if this is a UTMA/UGMA account.

Name of Custodian _____

SSN/ITIN _____

Date of Birth _____

Relationship to Member _____

Street Address _____

City _____

State _____ Zip Code _____

Ph: (home) _____ (work) _____

Ph: (mobile) _____

Driver License # _____

Email Address _____

Mother's Maiden Name _____

POD TRUST ACCOUNT (Payable on Death)

POD TRUST ACCOUNT (N.C. General Statute 53-146.2)
I understand that by establishing a trust account under the provisions of North Carolina General Statute 53-146.2 that (1) during my lifetime I may withdraw the money in the account; and (2) by written direction to the Credit Union I may change the designated beneficiary; and (3) upon my death the money remaining in the account will belong to the beneficiary and the money will not be inherited by my heirs or be controlled by my will.

**Enter BENEFICIARY information in this section.
(Enter primary member information in the Personal Membership Registration section.)**

Name _____

SSN/ITIN _____

Relationship to Member _____

Street Address _____

City _____

State _____ Zip Code _____

Phone: (home) _____

Phone: (work) _____

Indicate which deposit account(s) will be held in POD Trust.

All, or Only the following

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ACCOUNT SELECTION

Use a check mark to indicate your account choice(s). Detailed descriptions of account types and rates are listed on our website. **Combined member deposits are federally insured up to \$100,000. Combined Individual Retirement Accounts are federally insured up to \$250,000.**

SAVINGS

Share Savings Amount \$ _____ \$25 minimum balance to open.

CERTIFICATE OF DEPOSIT

\$500 minimum deposit.

- Certificate #1** Amount \$ _____ Circle your term choice (in months): 3 6 12 24 36 48 60
Type of CD: Standard Child Care Environmental Economic Development*
- Certificate #2** Amount \$ _____ Circle your term choice (in months): 3 6 12 24 36 48 60
Type of CD: Standard Child Care Environmental Economic Development*
- Certificate #3** Amount \$ _____ Circle your term choice (in months): 3 6 12 24 36 48 60
Type of CD: Standard Child Care Environmental Economic Development*

To open more than 3 CDs, include an additional page.

** The Economic Development Certificate of Deposit earns a below market rate of return, which will be set at or below the Share savings account rate.*

For CD accounts, indicate whether you prefer your dividend added to your CD balance or paid by check. If requesting payments by check, indicate whether you want the dividend issued on a monthly or quarterly basis.

Add to CD balance Check (Monthly or Quarterly)

MONEY MARKET

Money Market Amount \$ _____

\$500 minimum deposit. Monthly fee charged if balance falls below \$500. Three free checks per month. Indicate below if you require checks and/or an ATM card.

50 Printed Checks (fee charged) ATM Card

INDIVIDUAL RETIREMENT ACCOUNT

A separate, completed IRA application is required to open an IRA account. The appropriate IRA application will be mailed to you based upon the information you provide on this form. Arrange for IRA funds to be deposited at the time you submit the completed application.

IRA Type: Traditional Roth Coverdell Education Savings Account

Deposit Type: IRA Share (\$25 minimum deposit) IRA CD (\$500 minimum deposit)

Source of Funds: Rollover Transfer Initial Contribution—Tax Year _____

Deposit Total (including membership fee):

\$ _____

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BACKUP WITHHOLDING CERTIFICATION

&

AGREEMENT & AUTHORIZATION SIGNATURE

Under penalty of perjury, I certify that (1) my social security number or tax identification number shown on this form, and given for this/these account(s), is my correct taxpayer identification number, and that (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

Cross out item 2 above if the IRS has notified you that you **are** currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Yes, I want to become a member of the Center for Community Self-Help and thereby support its work. I also want to become a member of Self-Help Credit Union and hereby authorize Self-Help Credit Union to open my account(s).

By signing below, I agree to the terms and conditions of the Membership and Deposit Account Agreement, Truth-In-Savings Disclosure, Rate and Fee Schedules, Funds Availability Policy Disclosures, Backup Withholding Certification statements 1 & 2, and to any amendment Self-Help Credit Union makes from time to time, which are incorporated herein. I agree to the terms, and acknowledge receipt, of the Electronic Funds Transfer Agreement (if applicable).

Member Signature _____
(Primary Account Holder)

Date _____

Print Name _____

Joint account holder, custodian/POA, or POD trust account beneficiary sign & print name(s) below.

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

DUPLICATE STATEMENTS

Check here, and specify below, if you authorize Self-Help to mail duplicate statements to another party (money manager, custodian, etc.) at a different address.

Name _____

Mailing Address _____

City _____

State _____ Zip Code _____

Relationship to Member _____

Completely fill out all sections of this agreement, and mail it to the address at right with your initial deposit. Be sure to include your one-time, non-refundable membership fee of \$25 (\$20 is tax deductible), or the fee will be deducted from your initial deposit.

HOW DID YOU HEAR ABOUT SELF-HELP?

Branch Referral. Specify: _____

Conference. Specify: _____

Friend/Family. Name: _____

Ad/Article. Specify: _____

Self-Help Borrower. Name: _____

Website. Specify: _____

Other: _____



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