

Instructions 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 a notice from the IRS that the backup withholding has terminated., you must strike out the language of whichever certification does not apply and sign below.

CERTIFICATION AS TO TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING, AND OR A WAITING

Under penalties of perjury, I certify (1) That the # shown on this form is my correct taxpayer identification # and (2) that 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 the IRS has notified me that I am no longer subject to backup withholding, (3) that a taxpayer identification # has not been issued to me, and that I mailed or delivered an application to receive a taxpayer identification # to the appropriate IRS Center or Social Security Administration Office (or I intend to mail or deliver an application in the near future). I understand that if I do not provide a taxpayer identification # to the credit union within 60 days, the credit union is required to withhold 28 percent of all reportable payments thereafter made until I provide a number.

Signed _____ Date _____

JOINT SHARE ACCOUNT AGREEMENT (*NOT TRANSFERABLE)

The TRIBUNE CREDIT UNION is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this 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 them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. Any or all of said joint owners may pledge all or part of the shares in this account as collateral security to a loan or loans from the credit union. The right of authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union, which shall not affect transactions theretofore made.

Joint Account No _____ Date _____

_ Soc. Sec. Or Tax ID# _ Joint Owners (each must sign below) _ Date of Birth _____

Consent of spouse (to be completed in some states if joint owner is other than spouse of member)

Approved and consented to: Signature of spouse: _____ Date _____

APPLICATION FOR MEMBERSHIP

Account Number _____ Name _____

Complete Address _____

Husband's first or Wife's maiden name _____

Bus Home _____

Employer _____ Phone _____ Phone _____

Dept or Occupation _____ Place of Birth _____

Date of Birth _____ Mothers maiden name _____

Soc. Sec. No. or _____

Membership eligibility _____ Tax Ident. No. _____

This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. Insured by American Share Insurance

By signing, I hereby make application for membership and agree to conform to the bylaws and amendments thereof in the TRIBUNE CREDIT UNION. I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time. I also acknowledge the above disclosure. Signed _____ Date _____

_ This application approved by: () Board () Exec. Committee () Membership Officer

Signed _____ Date _____

Person representing approver of application _____

INSURANCE BENEFICIARY DESIGNATION

If life savings insurance is carried in connection with this account, I, the account owner who is insured, hereby agree that any amounts payable to anyone or added to this account by reason of such insurance shall be: Name _____

Address _____

If then living whom I hereby designate beneficiary of such insurance, I reserve the right to change or terminate the designation of beneficiary. I further agree that any designation or change of beneficiary, or termination of designation, shall be binding upon the credit union only if filed with the credit union prior to my death on a form supplied by the credit union. In the absence of the filing of such a designation, change or termination, I agree on behalf of myself and my heirs, assigns, personal representatives and all other persons claiming through me to identify and save the credit union harmless from all loss or damage by reason of the payment of the proceeds of such insurance to the beneficiary named above. I understand that the credit union does provide such insurance, it may, in its sole discretion, cancel the insurance at any time.

Name of account owner who is insured: Signature _____

Dated _____ Insurance Carrier _____ Contract No. _____

Consent of spouse (to be completed in community property states if designated beneficiary is someone other than spouse of insured): Approved and consented to:

Signature of spouse: _____ Date: _____