Dow CREDIT UNION
dowcreditunion.org
Insured by NCUA

600 E LYON RD
PO BOX 1649
MIDLAND MI 48641-1649
989.835.7794
800.835.7794
Fax: 989.832.9283

MEMBERSHIP AND SERVICES APPLICATION

Important Information about Opening a New Account: To help the 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 for 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's license or other identifying documents. Your account cannot be opened and/or transactions cannot be posted until this process has been completed.

MEMBER INFORMATION	Account #		Application Date:
Last Name	First	Middle	Suffix
Date of Birth	Mother's Maiden Name	Email Address	
Physical Address (*Required*)	City	State	Zip
Country	Home Phone #	Cell Phone #	
Mailing Address: *(if different than physical address)*	City	State	Zip
Current Employer	Occupation		Work Phone #

MEMBERSHIP ELIGIBILITY: By signing below, I am declaring eligibility for membership in Dow Credit Union. I understand that the information supplied on this application may be used to verify that I am within the Dow Credit Union field of membership. Dow Credit Union may contact the employer or person listed for my eligibility to determine my eligibility. If Dow Credit Union determines that I am ineligible for membership at any time or if I have supplied falsified or misleading information on the application, this application will be deemed void and my membership will be terminated.

I AM ELIGIBLE TO JOIN DOW CREDIT UNION IN THE FOLLOWING WAY:

☐ I am a(n) RETIREE / EMPLOYEE of: _____ Employee # _____

☐ I am a RELATIVE of an eligible MEMBER, EMPLOYEE or RETIREE:

  Eligible person's name _____Relationship:_____ Phone #_____

☐ I am a RELATIVE or LIVING AT THE SAME ADDRESS of an EXISTING MEMBER:

  Eligible person's name _____Relationship:_____ Phone #_____

☐ I am an eligible OWNER OF STOCK in the Dow Chemical Company.

CODE WORD: A code word is required to obtain account information and complete transactions when you contact the credit union by telephone. It must contain 2-25 characters. You may also establish a code word hint in the event you contact us and have forgotten your code word.

Code Word:

Code Word Hint:

ACCOUNTS AND CARD SERVICES REQUESTED

☐ Primary Savings (Required Share with $5.00 Minimum Balance)   ☐ Visa® Check Card (Checking Account Only)
☐ Checking Account   ☐ ATM Card
☐ Basic Courtesy Pay   ☐ Membership ID Card
☐ Enhanced Courtesy Pay
☐ Decline Courtesy Pay

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TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION

By signing below, under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (TIN) (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
   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
   c) The IRS has notified me that I am no longer subject to backup withholding, and
3. *I am a US person (including a US resident alien). For federal tax purposes, you are considered a US person if you are: an individual who is a US citizen or US resident alien,* and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Social Security Number

1. ☐☐☐ – ☐☐ – ☐☐☐☐

2. ☐ I am not subject to IRS backup withholding
   ☐ I am subject to IRS backup withholding

3. ☐ I am a United States Citizen or Resident
   ☐ I am NOT a United States Citizen or Resident
   (Complete IRS form W-8 BEN)

4. FATCA Certification: (leave blank if you are not exempt)

   Exempt Payee Code (if any) _____

   Exemption from FATCA reporting (if any) _____

JOINT OWNER INFORMATION (1)	DOB	SSN	
Last Name	First	Middle	Suffix
Email Address	Mother's Maiden Name	Home Phone #	Cell Phone #
Physical Address	City	State	Zip
Current Employer	Occupation		Work Phone #

JOINT OWNER INFORMATION (2)	DOB	SSN	
Last Name	First	Middle	Suffix
Email Address	Mother's Maiden Name	Home Phone #	Cell Phone #
Physical Address	City	State	Zip
Current Employer	Occupation		Work Phone #

BENEFICIARY INFORMATION (All fields are required for each beneficiary designation.)		
Name	Date of Birth	SSN
Name	Date of Birth	SSN
Name	Date of Birth	SSN
Name	Date of Birth	SSN

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GENERAL AUTHORIZATION AND AGREEMENT:

By signing below, I/we agree to the terms and conditions of this/these account(s) (and all other subaccounts which I/we establish in the future) as outlined in the Dow Credit Union Account Agreement and Disclosures and I/we agree to any amendment the Credit Union makes from time to time. I/We authorize Dow Credit Union to (a) open future accounts for which I qualify for upon my oral or written request and deposit of funds and (b) to transfer funds between my accounts or disburse funds in the form of a Credit Union check payable to me upon my written request. You are authorized to check my/our credit and employment plus answer any question regarding my/our credit experience with you. I/We acknowledge receipt of a copy of the Agreement and Disclosure applicable to the account and services requested herein. If an ATM or EFT service is requested and provided I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

→MEMBER OWNER SIGNATURE_____ DATE:_____
(Notarization Required *IF* form is not completed in person with Dow Credit Union officer)

State of _____ County of _____ ss.

On this _____ day of _____, 20____ before me personally appeared _____, to me known either to be the person(s) described or who produced picture I.D. and who executed the foregoing instrument and acknowledged the same as his (her, their) free act and deed.

_____   _____
Notary Public   My Commission Expires:

→JOINT OWNER SIGNATURE (1)_____ DATE:_____
(Notarization Required *IF* form is not completed in person with Dow Credit Union officer)

State of _____ County of _____ ss.

On this _____ day of _____, 20____ before me personally appeared _____, to me known either to be the person(s) described or who produced picture I.D. and who executed the foregoing instrument and acknowledged the same as his (her, their) free act and deed.

_____   _____
Notary Public   My Commission Expires:

→JOINT OWNER SIGNATURE (2)_____ DATE:_____
(Notarization Required *IF* form is not completed in person with Dow Credit Union officer)

State of _____ County of _____ ss.

On this _____ day of _____, 20____ before me personally appeared _____, to me known either to be the person(s) described or who produced picture I.D. and who executed the foregoing instrument and acknowledged the same as his (her, their) free act and deed.

_____   _____
Notary Public   My Commission Expires:

OFFICE USE ONLY:
NOTES:

MEMBERSHIP OFFICER APPROVAL SIGNATURE_____ Staff User #_____DATE:_____