



LPS Employees Federal Credit Union  
 5625 O Street, Suite 106, Lincoln NE 68510  
 402-486-3644 Fax 402-486-3646 Email: custaff@lpscu.com

**Mail, fax or drop off the completed application.**

**FOR CREDIT UNION USE ONLY**  
 Date of Membership: \_\_\_\_\_  
 Opened/App'd by: \_\_\_\_\_  
 Member Verification: \_\_\_\_\_

<b>MEMBER APPLICATION AND OWNERSHIP INFORMATION</b>	<b>Member No:</b> _____
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<b>Member/Owner:</b>	
Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____ State: _____
Home Phone: _____	Date of Birth: _____
Work Phone: _____	LPS ID No: _____
Email: _____	Membership Eligibility: _____
Employer: _____	

**ACCOUNT OWNERSHIP**

Designate the ownership of the accounts and responsibility for the services requested.

Individual     Joint Account with Rights of Survivorship     Joint Account without Rights of Survivorship

<b>Joint Owner:</b>		SSN/TIN: _____
Street: _____	Driver's Lic. No: _____	State: _____
City/State/Zip: _____	Date of Birth: _____	
Home Phone: _____	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	LPS ID No: _____ (if applicable)
Work Phone: _____	Email: _____	

<b>Joint Owner:</b>		SSN/TIN: _____
Street: _____	Driver's Lic. No: _____	State: _____
City/State/Zip: _____	Date of Birth: _____	
Home Phone: _____	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	LPS ID No: _____ (if applicable)
Work Phone: _____	Email: _____	

<b>Joint Owner:</b>		SSN/TIN: _____
Street: _____	Driver's Lic. No: _____	State: _____
City/State/Zip: _____	Date of Birth: _____	
Home Phone: _____	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	LPS ID No: _____ (if applicable)
Work Phone: _____	Email: _____	

**ACCOUNT DESIGNATIONS**

Payable on Death (POD) / Beneficiary

Beneficiary/POD Payee: \_\_\_\_\_    Beneficiary/POD Payee: \_\_\_\_\_

Street: \_\_\_\_\_    Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_    City/State/Zip: \_\_\_\_\_

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number; (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. person (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.

<b>X</b>	<b>X</b>
Signature _____	Signature _____
Date _____	Date _____

**AUTHORIZATION.** By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement 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. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

<b>X</b>	<b>X</b>
Signature _____	Signature _____
Date _____	Date _____

<b>X</b>	<b>X</b>
Signature _____	Signature _____
Date _____	Date _____