

MEMBERSHIP APPLICATION INSTRUCTIONS



To apply for membership with Team & Wheel Federal Credit Union, simply complete the membership application on page two of this document, print, sign and mail or fax to the Credit Union:

Team & Wheel Federal Credit Union
Attention: Member Services
1405 Trade Mart Blvd
Winston-Salem, NC 27127-5645
Fax: 336 788-5421

Membership Fee - \$20.00 non-refundable
Share/Savings Account - \$20.00 deposit only
Share Draft/Checking Account - \$25.00 deposit only
Christmas Club Account - \$5.00 deposit only
Vacation Club Account - \$5.00 deposit only

Please complete each section of the Membership Agreement & Application form. Leave the social security number field blank (call the credit union to provide 336 788-0103 or 800 990-8326.) Please sign and date the appropriate places in blue or black ink.

If you want a joint owner on your account, fill in the requested information and have them sign and date the appropriate places on the application in blue or black ink. Leave the social security number field blank (call the credit union to provide 336 788-0103 or 800 990-8326.)

If you want to have a beneficiary on your account, please complete, sign and date, the Beneficiary form found on page three of this document along with the requested identifying documents. (Call the credit union to provide the beneficiary's social security number.)

To establish direct deposit or payroll deduction, sign, date, and complete the Payroll Deduction/Direct Deposit Authorization form found on page four of this document. Leave the social security number field blank (call the credit union to provide 336 788-0103 or 800 990-8326.)

For direct deposit, mark the Net Check box and fill in the amount you want going into each account you wish to open. For payroll deduction, be sure to specify the amount(s) you want distributed to each account you are opening.

*****IMPORTANT INFORMATION-PLEASE READ PRIOR TO SENDING APPLICATION*****

To establish your membership, the following items are needed:

Government issued ID (Driver's License, State issued ID, Passport)

In efforts to help the government fight the funding of terrorism and money laundering activities, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account or will be listed on an account. What this means for you: Credit Union personnel will ask you for your name, address, date of birth, and other information that will allow us to identify you.

Identification may be requested for current account holders if original documentation was not obtained at the time your account was opened.

Social Security Card Copy (DO NOT SEND VIA MAIL)

Fax Social Security Card copy to 336 788-5421

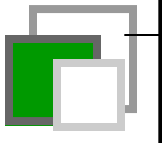
Proper funds for the accounts you are requesting to open

You may send funds via:

1. Payroll Deduction - Please complete payroll deduction form on page four of this document if you are requesting direct deposit or payroll deduction. By electing this option, Team & Wheel FCU will debit the required membership fee and any deposit amounts required to open any account(s) you request to open. Please note that you will not become a member until the membership fee and monies for deposit are received. This could delay your account from being opened.

2. Mail A Check or Money Order –You may send a check or money order made payable to Team & Wheel FCU for the amount needed to open the account(s) you request to open. Please note the total amount required to establish membership may vary depending on the account(s) you are opening. See information above for the proper amounts and account types.

MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT



I would like to apply for the following Credit Union services:
 SAVINGS(SHARE) CHECKING CHRISTMAS CLUB VACATION CLUB
 (Please complete the attached Payroll Deduction form or include the required membership fee and deposit)

Update Information: NAME CHANGE ADD JOINT OWNER

MEMBER INFORMATION

Member Name	Social Security #		
Date of Birth	Driver's License # and State		
Home Address (Physical) : Street	City	State	Zip
Mailing Address (if different from home): Street	City	State	Zip
Mother's Maiden Name (Security Password)			
Home Phone # ()	Cell Phone # ()	E-mail Address	
Employer	Employer Phone#		
Employer Address: Street	City	State	Zip

I qualify for membership at the Credit Union through (Please select only one and complete the information):
 Union Member of Local # _____
 My Relative : Relative Name _____ Relationship _____
 I learned about Team & Wheel from: _____

JOINT OWNER INFORMATION

Joint Owner Name	Social Security #		
Date of Birth	Driver's License # and State		
Home Address (Physical) : Street	City	State	Zip
Home Phone # ()	Cell Phone # ()		
Second Joint Owner	Social Security #		
Date of Birth	Driver's License # and State		
Home Address (Physical) : Street	City	State	Zip
Home Phone # ()	Cell Phone # ()		

CREDIT UNION JOINT ACCOUNT WITH RIGHT OF SURVIVORSHIP G.S. § 54-109.58

We, the undersigned, understand that by establishing a joint account under the provisions of North Carolina General Statute G.S. § 54-109.58 that:

- The credit union may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the credit union that withdrawals require more than one signature; and
- Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

We DO elect to create the right of survivorship in this account. X _____ X _____

BACKUP WITHHOLDING CERTIFICATION-Check box (A) only if true or (B) below:

- (A) By signing below, I (name) _____ certify under penalties of perjury that (1) the Taxpayer Identification Number (TIN) shown above is my correct TIN and I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest of dividends or (b) the IRS has notified me that I am no longer subject to withholding and (2) I am a U.S. Person (including resident alien)
- (B) A separate Certification has been completed

By signing below, the undersigned agree to Team & Wheel FCU by-laws and the terms and conditions of any approved account, as amended from time to time, and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify that the information provided on this application is true and correct and that the terms listed on this application apply to all listed accounts. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to each listed account and the following policy disclosures:

Funds Availability Truth-In-Savings Electronic Fund Ransfer Privacy _____

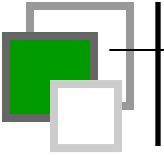
THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Member Signature X _____ Date: _____

Joint Owner Signature X _____ Date: _____

FOR CREDIT UNION USE ONLY

Acct # _____
 Initial Amount \$ _____ Cash _____
 New Card Update Card Application Approved Date _____ By _____



BENEFICIARY FORM



Share Savings Account Christmas Club Vacation Club

I want the following person listed on the account(s) above as beneficiary. I understand that a beneficiary will receive all funds in my account upon my death if there is no Joint Account Owner. I also understand that the beneficiary does not have access to my account and I may change the person designated as my beneficiary at anytime by completing a new membership application.

Name of Beneficiary: _____
(Full Legal Name)

Address: _____

Phone: _____

Date of Birth: _____ - _____ - _____

Please send a copy of :

⇒ **Driver's License or Government issued Photo ID and Social Security Card for the named Beneficiary.**

****If the Beneficiary is a minor, a copy of their Birth Certificate and Social Security Card is needed.**

Member Account # _____

Printed Name of Member _____

Signature of Member _____

Date _____
(this form must be dated)

NOTICE-The information requested above must be received by Team & Wheel FCU before a beneficiary will be added to your account. This information is needed for identification purposes only when funds have to be paid from your account upon your death.

For Credit Union Use Only

Beneficiary's Social Security # _____

