

iTHINK Financial Credit Union P.O. Box 5090, Boca Raton, FL 33431-0890 800.873.5100 • ithinkfi.org • serviceplus@ithinkfi.org

MEMBERSHIP APPLICATION

Member #:

| A. Products & Services | | | | | | | | |
|--|----------------|----------------|---------|-------------------------|--------------|--|--|---|
| Membership Savings (required) Checking Account*: *Comes with Visa debit card | | Other: eSta | tements | I want paper statements | | Online Account Access | | |
| Which of our products are you inter Mortgage Credit | ŭ | Nuto Loan | | Other Loan | Manay M | arket/Certifica | ato. | |
| Wortgage Credit | Calu F | NUIU LUAII | | Other Loan | ivioriey ivi | arker/Gertillica | 11 C | |
| B. Primary account owner in | ormation | T | | | | I | | |
| Name (First) | (Middle) | | (Last) | | | Membership Eli | gibility (Employe | r, County or Qualifying Person) |
| Social Security # / Tax ID # | Date of Birth | | Employe | r | | | Occupation | |
| Home Address (No PO Boxes) | | Unit # | ŧ | City | | | State | ZIP |
| Mailing Address (If different) | | Unit # | ŧ | City | | | State | ZIP |
| Oriver License # or Government Issued I | D# S | state/Issuer | | Issue Date | Expiratio | n Date S | Security Passw | ord (For phone verification) |
| Home Phone | Work Phone | | | Cell Phone | conse | | via phone or text | ou are providing us with express , including through the use of ar |
| Will this be your primary bank account Yes No | Email | | | | the Ci | | | onsenting to receive emails from party providers regarding |
| C. Add the following joint ow | ner on my acco | ount (do no | ot com | plete if you will be | the only o | wner on the | account) | |
| Name (First) | (Middle) | | (Last) | | | Relationship to | Primary | |
| Social Security # / Tax ID # | Date of Birth | | Employe | r | | | Occupation | |
| Home Address (No PO Boxes) | | Unit # | ŧ | City | | | State | ZIP |
| Mailing Address (If different) | | Unit # | ŧ | City | | | State | ZIP |
| Oriver License # or Government Issued I | D# S | state/Issuer | | Issue Date | Expiratio | n Date S | Security Passw | ord (For phone verification) |
| Home Phone | Work Phone | | | Cell Phone | conse | oviding your cell pent to contact you nated dialing syster | via phone or text | ou are providing us with express , including through the use of ar |
| Joint Account Owner # | Email | | | | the Ci | oviding your email a redit Union and its cts and services. | address, you are c non-affiliated third | onsenting to receive emails from party providers regarding |
| | | | | · | | | | |

D. Beneficiary information (optional)

Payable on Death (POD) / Trust Account: In the event of my death, I designate the following beneficiary to receive all sums in this account (with the exception of IRA accounts, which have a separate designation of beneficiaries), provided this designation has not been superseded by a subsequent designation or change in account ownership, such as adding a joint owner.

| Beneficiary Name | Relationship to Primary | Social Security # / Tax ID # | Date of Birth |
|------------------|-------------------------|------------------------------|---------------|
| | | | |
| | | | |
| Address | | Phone # | |
| | | | |
| | | | |

E. Expected Activity

To better serve our members and to comply with Federal Law to combat terrorism and money laundering, please select any typical activity you expect to conduct on a monthly basis.

| Will you deposit or write checks? | If Yes, would you like to u | se mobile deposit to deposit ch | necks? | | | | |
|--|--|---------------------------------|------------|--|--|--|--|
| Yes No | Yes No | | | | | | |
| Will you deposit cash? | If Yes, estimated monthly cash deposit | | | | | | |
| Yes No | \$0 - \$1,000 | \$3,000 - \$5,000 | \$10,000 + | | | | |
| | \$1,000 - \$3,000 | \$5,000 - \$10,000 | | | | | |
| Will you withdraw cash? | If Yes, estimated monthly | cash withdrawal | | | | | |
| Yes No | \$0 - \$1,000 | \$3,000 - \$5,000 | \$10,000 + | | | | |
| | \$1,000 - \$3,000 | \$5,000 - \$10,000 | | | | | |
| Will you send wires? | If Yes, estimated monthly | | | | | | |
| Yes No | \$0 - \$1,000 | \$3,000 - \$5,000 | \$10,000 + | | | | |
| | \$1,000 - \$3,000 | \$5,000 - \$10,000 | | | | | |
| Will you receive wires? | If Yes, estimated monthly incoming wires | | | | | | |
| Yes No | \$0 - \$1,000 | \$3,000 - \$5,000 | \$10,000 + | | | | |
| | \$1,000 - \$3,000 | \$5,000 - \$10,000 | | | | | |
| Will you send wires to or receive any wires from non-US locations? | If Yes, what country(s): | | | | | | |
| Yes No | | | | | | | |

F. Important information about your account

By signing this document, I/we acknowledge receipt of and agree to all terms and conditions in the Membership Agreement and Disclosures and all other disclosed terms and conditions of all accounts and services that I/we may receive at iTHINK Financial Credit Union. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I/We authorize iTHINK Financial Credit Union to obtain a consumer credit report to evaluate my/our creditworthiness. Additionally, I/We acknowledge that my/our property may be transferred to the appropriate state if there has been no activity on any of my/our accounts within the time period specified by state law.

G. Important information about opening a new account

Under the USA Patriot Act, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. Therefore, when you open an account at iTHINK Financial Credit Union, we will ask for your name, address, date of birth, and other identifying information. We may also ask to see your driver license or other form of identification.

Under penalties of perjury, I certify that, unless otherwise specified below: (1) the social security number or taxpayer identification number provided on this Application is correct, (2) I am not subject to backup withholding due to failure to report interest and dividend income, and (3) I am a U.S. citizen. Please check the box(s) below if applicable:

Primary Owner: I am not a U.S. Citizen Joint Owner: I am not a U.S. Citizen

I am subject to backup withholding I am subject to backup withholding

THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

| MEMBER SIGNATURE | DATE | JOINT SIGNATURE | DATE |
|------------------|------|-----------------|------|
| x | | x | |
| | | | |