

Important Information About Procedures For 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.

Joint Share Account Agreement – Not Transferable

First Northern Credit Union is hereby authorized to recognize any of the signatures on the reverse side, subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owner(s) 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 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 the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans.

The right or 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.

Proxy

The member, as signed on the reverse side, does hereby constitute and appoint the members of the Board of Directors of First Northern Credit Union, Chicago, Illinois, who are the qualified and acting directors at the time this proxy is used, as proxies to vote for the election of directors at all annual or special meetings as a proposal for mergers, or voluntary liquidation, and all the shares of First Northern Credit Union now or hereafter owned or held by the member, as the said directors or a majority of them see fit and to cast my vote as my Proxy for the purpose of considering a statutory merger of consolidation under the Illinois Revised Statutes, at all annual meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and for such candidates as the proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

Membership Eligibility

Active employees of the following organizations are eligible to become First Northern Credit Union members, provided all conditions for membership regarding minimum shares are met: Exelon Corporation & its subsidiaries, Northwestern Memorial Hospital, Northwestern University, First Northern Credit Union, and any other select employee group included in the credit union bylaws at the time of the individuals application for membership. Also eligible are any persons employed or residing in the city of Evanston or the following counties: Boone, DeKalb, DuPage, Grundy, Kane, Kendall, Lee, McHenry, Ogle, Stephenson, Will and Winnebago. The following relatives of the existing members are also eligible to become members of First Northern Credit Union: Spouse, Parents (including stepparents), Children (including stepchildren), Siblings, Grandparents, Grandchildren, Aunts, Uncles, Nieces, Nephews, In-laws, and First Cousins.

Checking Account Agreement With Overdraft Transfer From Share Account

We hereby authorize First Northern Credit Union to establish this Checking Account for me/us. The credit union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the shares in this Account. The credit union is under no obligation to pay a check that exceeds the fully paid and collected share balance in the Account. The credit union may, however, treat such checks as a request to the credit union to automatically transfer from share account, for a fee, up to six times per month.

A minimum \$5.00 must remain in savings account regardless of any overdraft protection you may have for your Checking Account. Please refer to the General disclosure for more information on these accounts.

Share Insurance

Funds are insured for up to \$250,000 per member by the National Credit Union Administration, an agency of the U.S. Government. Individual retirement accounts are insured for an additional \$250,000. Also, funds are insured privately by Excess Share Insurance for an additional \$250,000.

First Northern Credit Union USE ONLY:

Account Number _____

Checking Account Number _____

Initials _____

Date: _____

Code: _____

____ I DO authorize First Northern Credit Union to pay overdrafts on my everyday debit card transactions (non-recurring). I have the right to revoke this consent at any time.

____ I DO NOT authorize First Northern Credit Union to pay overdrafts on my everyday debit card transactions (non-recurring).

Signature – Overdraft Authorization _____ Date _____

Beneficiary's Information

Upon death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become property of the beneficiary(ies) listed below who are alive at that time. In addition, each such beneficiary shall have the power to withdraw only his or her equal share of the remaining account balance together with any accumulations on such amount. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

Beneficiary's Name

Beneficiary's #1 Social Security Number Date of Birth

Beneficiary #1 City State

Beneficiary # 2 Name

Beneficiary's #2 Social Security Number Date of Birth

Beneficiary #2 City State