

Membership Eligibility (select one):

- _____
Name of membership eligible business, city, zip code or county
- _____
Name and relationship to current First Northern Credit Union member

How Did You Hear About First Northern Credit Union?

Information on Overdrafts and Overdraft Fees (Initial one below)

An overdraft occurs when the available balance in your account is insufficient to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if First Northern Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to \$29 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

What if I want First Northern Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, please call 888-328-8677, visit www.fncu.org or complete this form and present it at any branch or mail it to: 230 W Monroe Street, Suite 2850, Chicago IL 60606.

(Initial one)

_____ I want First Northern Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

_____ I do not want First Northern Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Individual Account Joint Account Trust Account

Name (Primary Applicant)

Residence (Address)

City/State/Zip

Home Phone

Cell Phone

Email Address

Social Security Number

Date of Birth

Mother's Maiden Name

Employer

Position

Employer Address

Employer City/State/Zip

Work Phone

Years at Job

\$ _____
Yearly Income

\$ _____
Est. Home Value (if applicable)

Joint Applicant (if applicable)

Name (Joint Applicant)

Residence (Address)

City/State/Zip

Home Phone

Cell Phone

Email Address

Social Security Number

Date of Birth

Mother's Maiden Name

Employer

Position

Employer Address

Employer City/State/Zip

Work Phone

Years at Job

\$ _____
Yearly Income

\$ _____
Est. Home Value (if applicable)

AGREEMENT

The undersigned agrees to the applicable terms stated on this application and the terms stated on the Member Agreement I will receive. I authorize the credit union to obtain consumer, credit, and other reports when opening accounts and for any update, increase, renewal, extension, collection or review of any accounts I open now or in the future. I agree to membership in accordance with the bylaws of the credit union. If I sign the Proxy line, I agree to the Proxy terms and conditions.

PROXY

The member, as signed below, 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.

JOINT SHARE ACCOUNT AGREEMENT — NOT TRANSFERABLE

First Northern Credit Union is hereby authorized to recognize any of the signatures below, 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.

TELEPHONE CONSUMER PROTECTION ACT

By signing below, I am providing my express written consent to receive phone calls and text messages from First Northern Credit Union. I understand and agree that my consent covers any phone number, including my cell phone number, that I provide to the credit union on this application or at any time in the future. I understand and agree that phone calls and text messages may be generated using automated technology and may relate to my accounts, transactions, loans, or other products and services offered by the credit union. I understand that my consent is not required to make a purchase.

ARBITRATION AND CLASS ACTION WAIVER

Please note that the Membership Account Agreement (also referred to as the Terms and Conditions of Your Account) contains a binding Arbitration and Class Action Waiver provision which affects your rights with respect to any claims or disputes by or against First Northern Credit Union. Please closely review the Arbitration and Class Action Waiver provision section of the Membership Account Agreement. You may opt out by following the specified process.

X _____
Signature of Primary Applicant Date

X _____
Proxy - I agree to the Proxy terms and conditions. Date

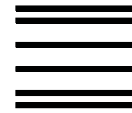
X _____
Signature of Joint Applicant Date

[See reverse for beneficiary information.](#)

First Northern Application for Membership



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 9911 CHICAGO IL

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST NORTHERN CREDIT UNION
230 W MONROE ST STE 2850
CHICAGO IL 60606-9465



CERTIFICATIONS

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 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).

INSTRUCTIONS

Cross out item 2 above in "Certifications" 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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 Name 1 _____ Date of Birth _____

Beneficiary Name 2 _____ Date of Birth _____

Beneficiary Name 3 _____ Date of Birth _____

Beneficiary Name 4 _____ Date of Birth _____



For Internal Use Only

Member Number _____

Initials _____ Date _____ Promo Code _____

ID # _____

ID State _____ ID Issue _____ ID Exp. _____