

# Other Terms and Conditions

## 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.

## 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.

## 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 #1 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

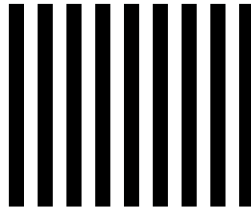
Beneficiary #2 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Beneficiary #3 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Account Number \_\_\_\_\_ Checking Account Number \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_ Code \_\_\_\_\_

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



# First Northern Application for Membership





# First Northern Credit Union Membership Application, Agreement & Proxy

## Membership Eligibility (select one):

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

## FIRST NORTHERN CREDIT UNION INFORMATION ON OVERDRAFTS AND OVERDRAFT FEES

### INITIAL ONE:

\_\_\_\_\_ I authorize / \_\_\_\_\_ I do not authorize payment of overdrafts on my everyday debit card transactions. See Membership Account Agreement for information on overdrafts and fees. You may revoke authorization at any time.

## HOW DID YOU HEAR ABOUT FIRST NORTHERN CREDIT UNION?

- Billboard
- Newspaper
- Website
- Email
- Radio
- Workplace
- Mail
- Walk-in branch
- Referral

\_\_\_\_\_  
Referral's Name



- 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)

**Agreement** — The undersigned agrees to the applicable terms stated on this application (including overdraft transfers) and the terms stated on the Membership Account Agreement I have received. The credit union is authorized to order consumer and other reports used to verify my identity, and offer products and services in connection with my membership. 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.

**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 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.

**X** \_\_\_\_\_  
Signature of Primary Applicant

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Proxy - I agree to the Proxy terms and conditions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
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)

**X** \_\_\_\_\_  
Signature of Joint Applicant

\_\_\_\_\_  
Date

See reverse for beneficiary information.

Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government



Federally insured by NCUA

