

MEMBERSHIP/ACCOUNT APPLICATION

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, physical 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. For Member/Account Applications received by mail/Internet, an Elements representative may contact you to verify the information supplied.

I am affiliated with a qualifying organization: _____
 —or—

No affiliation. I would like to join Tru Direction, Inc. to qualify for membership.
 Tru Direction, Inc. is a not-for-profit organization dedicated to improving financial literacy for people at any life stage. By joining Tru Direction, you will receive educational newsletters sharing some of the best practices for saving, borrowing, and planning for the future. More information at trudirection.org. The \$5 membership dues are paid by Elements.

Individual
 Joint
 UTMA
 New Membership
 Add Product

Provide Primary Member Information

First Name _____ MI _____

Last Name _____

Home Street Address (No P.O. Boxes) _____

City _____ State _____ Zip _____

Mailing Address Same as Home Address

City _____ State _____ Zip _____

Home Phone (###) ###-#### _____ Cell Phone (###) ###-#### _____

Work Phone (###) ###-#### _____

Social Security Number _____ Date of Birth (MM/DD/YYYY) _____

Drivers License State _____ DL # _____ Issue Date _____ Exp Date _____

Occupation _____

Email Address (Home preferred. Email address required for statements and online banking.) _____

Phone Security Word (Select a word other than Mother's Maiden Name for use when calling Elements.) _____

Phone Security Word Hint (Provide a hint we use to remind you of your security word when calling Elements.) _____

TIN Certification & Backup Withholding Information

Certification Instructions: You must cross out item 2 below 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 or U.S. resident alien.

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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 a 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 U.S. resident alien); and
- 4) The FACTA Code's entered on this form (if any) indicating that I am exempt from FACTA reporting is correct.

Authorization: I/we declare that the information provided is true and agree to notify Elements of any material change thereto. By signing, I/we agree to the terms and conditions of the Membership Agreement and Deposit Account Terms & Conditions, Fee Schedule and Deposit Rate Sheet as amended from time to time. I/we acknowledge receipt of a copy of the Membership Agreement and Deposit Account Terms & Conditions and disclosures.

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
 Primary Member Signature _____ Date _____

Savings Products Must Choose One:

- Member Savings
 Helium Savings
 The Grow Account (under 18 years of age)

Other Savings

Share Certificate Term: _____

Checking Products

- High Interest Checking
 Basic Checking
 Student Edge (ages 15-24)
 Visa® Debit Card for Member
 Visa® Debit Card for Joint Owner

Provide Joint Owner Information if Applicable

First Name _____ MI _____

Last Name _____

Home Street Address (No P.O. Boxes) _____

City _____ State _____ Zip _____

Mailing Address Same as Home Address

City _____ State _____ Zip _____

Home Phone (###) ###-#### _____ Cell Phone (###) ###-#### _____

Work Phone (###) ###-#### _____

Social Security Number _____ Date of Birth (MM/DD/YYYY) _____

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X
 Joint Owner Signature _____ Date _____