

HANNAFORD ASSOCIATES FEDERAL CREDIT UNION

MEMBERSHIP CARD

1. Name (First Middle Last) Colleen S. Rooney 2. SSN/TIN 123-45-6789

3. Mailing Address P.O. Box 123 City, State, Zip Anytown, ME 04535

4. Street Address (If different from mailing address) 30 Testing Avenue City, State, Zip Anytown, ME 04535

5. Home Telephone 207-555-2222 Cell/Other 207-555-3333

7. E-mail address colleenr@hotmail.com

8. Employer Hannaford Store # 102

9. Employer Phone# 207-555-4444 10. Mother's Maiden Name Smith

11. ID Type (Circle below) License or State ID ME 1234568 12. Date Of Birth 01/01/1970

**** POSITIVE ID IS REQUIRED WITH THIS FORM ****

CERTIFICATION OF TAXPAYER ID NUMBER AND BACKUP WITHHOLDING
 Under penalties of perjury, I certify (1) that 123-45-6789 is my correct taxpayer identification number, and (2) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

13. SIGNATURE: Colleen Rooney Date: 06/22/2006

Consumer credit reports may be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained, and 2) if reports were obtained you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnish the reports. The credit union is relying on what you stated in this application and you acknowledge that everything you have stated is true and correct.

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 apply to open an account, we may ask to see your driver's license or other identifying documents or information that will allow us to identify you. Hannaford Associates Federal Credit Union reserves the right to deny membership upon information through procedures mentioned above.

I hereby make application for membership in the HANNAFORD ASSOCIATES FEDERAL CREDIT UNION and agree to conform to its laws and amendments thereof and subscribe for at least one share.

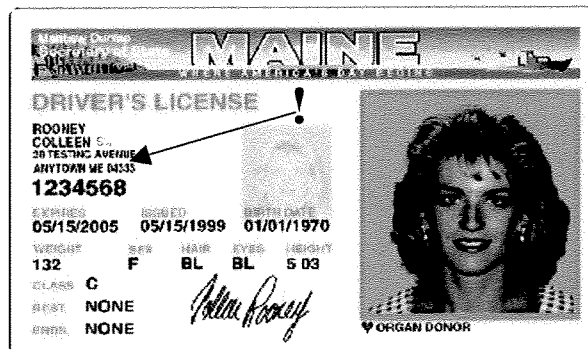
14. SIGNATURE: Colleen Rooney Date: 06/22/2006

For HAFUC use: Initials ___ Approved ___ Denied ___ HBC Verification Date ___
 OFAC Verif # ___ Account # ___
 Form revised 5.12.2006

COMPONENTS OF A MEMBERSHIP CARD

1. **Name (First Middle Last)** Middle initial is required if possible.
2. **SSN/TIN** Social Security Number/ Tax ID Number.
3. **Mailing Address** P.O. Box information.
4. **Physical Address** This area is required, no P.O. Boxes. If a P.O. Box has been filled in #3; we will send all correspondence there.
5. **Home Telephone** Required information.
6. **Cell/Other**
7. **E-mail address**
8. **Employer** Required information; please remember store number.
9. **Employer Phone** Required information.
10. **Mother's Maiden Name** Used for identification purposes.
11. **ID Type** REQUIRED INFORMATION-along with photocopy for verification. Please also circle type.
12. **Date of Birth** Required information.
13. **Certification of Taxpayer ID Number and Backup Withholding** This section is required to be signed and dated.
14. **Membership Agreement Signature** This section is required to be signed and dated.

!!!Address on Valid ID !!!This address must match the address provided by the new member. If it does not, some proof of address must be provided with membership application (i.e. copy of mortgage statement, lease agreement, utility bill, Hannaford pay stub showing correct address)!!!



**HANNAFORD ASSOCIATES FEDERAL CREDIT UNION
JOINT OWNER SHARE AGREEMENT**

Hannaford Associates Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners 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 of said joint owners to their credit insurance on said account, 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 and agreement of said credit union, which shall not affect transactions theretofore made.

15. Joint Owner Name (First Middle Last) Joe A. Sample 16. SSN/TIN 012-34-5678
 17. Mailing & Street Address P.O. Box 123 City, State, Zip Anytown, ME 04535
 18. 30 Testing Ave. 20. Anytown, ME 04535
 19. Home Telephone 207-555-2222 Mother's Maiden Name Jones
 21. E-mail address joe.sample000@verizon.net
 22. Employer Anyplace, Co. Employer Phone# 207-555-5555
 23. ID Type (Circle below) License or State ID State NY ID # 000 000 000 24. Date Of Birth 08/13/1957

CERTIFICATION OF TAXPAYER ID NUMBER AND BACKUP WITHHOLDING
 Under penalties of perjury, I certify (1) that 012-34-5678 is my correct taxpayer identification number, and (2) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

25. JO SIGNATURE: Joe Sample Date: 06/22/2006

Consumer credit reports may be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained, and 2) if reports were obtained you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnish the reports. The credit union is relying on what you stated in this application and you acknowledge that everything you have stated is true and correct.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT
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26. JOINT OWNER SIGNATURE: Joe Sample
 27. ACCOUNT OWNER SIGNATURE: Patricia Rowley

**COMPONENTS OF A JOINT OWNER
CARD**

15. **Name (First Middle Last)** Middle initial is required if possible.
 16. **SSN/TIN** Social Security Number/ Tax ID Number.
 17. **Mailing Address** P.O. Box information.
 18. **Physical Address** This area is required, no P.O. Boxes. If a P.O. Box has been filled in #3; we will send all correspondence there.
 19. **Home Telephone** Required information.
 20. **Mother's Maiden Name** Used for identification purposes.
 21. **E-mail address**
 22. **Employer & Employer Phone** Required information
 23. **ID Type** REQUIRED INFORMATION-along with photocopy for verification. Please also circle type.
 24. **Date of Birth** Required information.
 25. **Certification of Taxpayer ID Number and Backup Withholding** This section is required to be signed and dated.
 26. **Membership Agreement Signature** This section is required to be signed and dated.
- !!!! **Address on Valid ID !!!** In this case, the address doesn't match the address provided by the new member. Joe must now provide some proof of address with membership application (i.e. copy of mortgage statement, lease agreement, utility bill, Hannaford pay stub showing correct address).!!!

