

AGENT (If Applicable) (For example: POA, Custodian, etc.)

First Name	Middle Name	Last Name	Taxpayer ID/SSN	Date of Birth
Residential Address		Apt/Ste City	ST	Zip Code
Mailing Address (if different)		Apt/Ste City	ST	Zip Code
ID Type	State/Country	ID Number	Issue Date	Exp Date
Mobile Phone	Home Phone	Work Phone	Email	
Employer Name	Occupation			

SIGNATURES

By signing below or typing my name in the space below and submitting this Membership Application to KeyPoint in physical or electronic format, I confirm my intent to sign this document and I declare under penalty of perjury that all information is true and correct. By submitting this Membership Application and meeting any other membership requirements established by the KeyPoint Board of Directors, I apply for membership in KeyPoint Credit Union ("KeyPoint"). By applying for or maintaining any KeyPoint account or loan, I agree KeyPoint can check my credit and account history from time to time in connection with determining my eligibility for services or account review. I understand that if approved, my membership and any KeyPoint accounts opened for me will be subject to, and I acknowledge receipt of a copy of, the KeyPoint Credit Union Member Handbook, Truth in Savings Disclosure, and Privacy Policy and agree to the terms as amended from time to time upon legally required notice. KeyPoint and any third-party representative of KeyPoint (each a KeyPoint Party) can, at any time and for any lawful purpose related to my KeyPoint services, contact me at any telephone number I provide any KeyPoint Party using live representatives or automated dialers and leave live, pre-recorded, or text messages with any answering device or service associated with the number. I warrant to KeyPoint Parties that I am the subscriber of or have permission to authorize KeyPoint Parties to contact me at any telephone number I provide to any KeyPoint Party and agree to defend and hold KeyPoint Parties harmless from any claims asserted as a result of any KeyPoint Party contacting or attempting to contact me at any telephone number I have provided to any KeyPoint Party. If I sign and submit this Membership Application to KeyPoint electronically, it will have the same legally binding effect as my original hand-written signature.

I AGREE THAT IF I OWE KEYPOINT MONEY AND DO NOT PAY AS AGREED, KEYPOINT CAN, TO THE FULL EXTENT ALLOWED BY LAW AND THE GOVERNING SHARE AGREEMENT, TAKE ANY KEYPOINT SHARES IN WHICH I HAVE A PRESENT INTEREST TO RECOVER ALL OR PART OF MY DELINQUENT OBLIGATION WITHOUT NOTICE TO ME AND WITHOUT WAIVING ANY OTHER RIGHTS OR REMEDIES TO COLLECT MY DEBT.

Substitute W-9 Certification: Under penalties of perjury, by signing below, I certify that (1) the number shown on this Application is the correct taxpayer identification number for me or the incapacitated person on whose behalf I am submitting this application (or I am waiting for a number to be issued); and (2) I or the incapacitated person on whose behalf I am submitting this application am/is not subject to backup withholding because (a) I am/they are exempt from backup withholding, or (b) I/they have not been notified by the Internal Revenue Service (IRS) that I am /they are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/them that I am/they are no longer subject to backup withholding; and (3) I am a US citizen or other US person (US resident alien or US estate or trust). KeyPoint does not collect FATCA codes. The IRS does not require consent to any provision of this document other than the certifications required to avoid backup withholding.

Membership Applicant Signature Date

CREDIT UNION USE ONLY

Member Number	Membership Established By	Date	Manager/Supervisor Approval	Date
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