

**Membership Application, Agreement And Proxy**

**Membership Eligibility**

I work for an *eligible company*:

\_\_\_\_\_  
*Company Name*

I am family of a First Northern member:

\_\_\_\_\_  
*Name of Family Member*

\_\_\_\_\_  
*Family Member Phone Number*

\_\_\_\_\_  
*Relationship*

I live in an *eligible city or county*:

\_\_\_\_\_  
*County Name*

**I'm Requesting The Following**

*New Member Account*  
(Minimum \$5.00 deposit)

- Individual Account                       Joint Account                       Living Trust\*
- Individual Beneficiary Account     Joint Beneficiary Account
- Moola Moose (ages 0-12). Parent or Legal Guardian Required
- Compass Club (ages 13-17). Parent or Legal Guardian Required
  - As custodian for \_\_\_\_\_, a minor,  
under Illinois Uniform Transfers to Minors Act (UITMA)

Note: Ownership type selected will apply to all share accounts, including share certificates of deposit.  
\*Separate authorization form and select pages of trust agreement will be needed.

*Add New Service(s)*

Please Select The New Service(s) Below:

- Checking (please select one):     Visa Check Card     Money Market
- Value Now                               Holiday Club                      (please select one):
- Preferred                               Secondary Account     Market Demand
- Advantage                               Market Yield

*Name Change*

From: Existing Member Name \_\_\_\_\_  
To: New Member Name \_\_\_\_\_

*Change Ownership*

- Add Joint Member (please fill out joint owner info below)
- Remove Joint Owner (primary member should attach letter requesting this)
- Reopen Member Account  
Does this Account include reopening a Checking Account?  Yes  No

I'm also interested in  
information about:

- Home Banking                       Visa Cards                       Home Equity Loans
- Vehicle Loans                       First Mortgages                       eStatements

**Membership Account Information**

\_\_\_\_\_  
Name (Primary Member)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Country of Residence

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Name (Joint Owner)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Country of Residence

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mother's Maiden Name

**Signatures** The undersigned agree(s) to the applicable terms stated on the inside and back of the contract. The undersigned also agree(s) to the terms stated on the separate account disclosure and acknowledge(s) its receipt. I hereby allow First Northern Credit Union the right to order a credit report for the following purposes only: In connection with this application, future requests I make, or offers the credit union may wish to extend to me. I realize that this will NOT prevent me from membership eligibility.

**Membership Application** I hereby make application for membership in First Northern Credit Union and agree to conform to its bylaws and amendments hereof and subscribe for the required number of shares. I also certify that: I am within the field of membership of this credit union; the information on this application is true and correct; and my signature on this card applies to all accounts under my name at this credit union. I also agree to be bound to the terms and conditions of any account that I have in the credit union now or in the future.

**IRS Certification** 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 certificates required to avoid backup withholding.*

\_\_\_\_\_  
Signature of Applicant/Primary Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Proxy – I hereby Agree to the Proxy Statement on the Reverse Side*

\_\_\_\_\_  
*IRS Certification by Primary Member (if applicable)*

\_\_\_\_\_  
Joint Owner

\_\_\_\_\_  
Date

**Information On Overdrafts And Overdraft Fees**

Overdrafts are paid at our discretion. Payment of an overdraft is not guaranteed. If we do not authorize and pay an overdraft, your transaction will be declined and the item returned unpaid.

An overdraft occurs when your account does not have enough money for a transaction, but we pay it anyway. We offer two different ways to cover your overdrafts: (1) We have standard overdraft practices that come with your account. (2) We also offer overdraft protection plans, such as links to your savings account. These may be less expensive than our standard overdraft practices, but require that funds are available from your other accounts with us. Ask us for more information on these plans.

Courtesy Pay, our standard overdraft practice, charges a fee to pay checks, ACH and debit card transactions made using your checking account. However, regulations prohibit us from paying overdrafts on your everyday debit card transactions (non-recurring) unless you ask us to (see below).

If you do not ask us to, these types of transactions will be declined at the point of purchase. However, no fee will be imposed.

We charge a \$25 fee each time we pay an overdraft. There is no limit on the total fees we can charge you for overdrawing your account. We can close your account if you have excessive overdrafts. You should ask us if you qualify for a program that may pay your overdrafts for less than the overdraft fee.

We will send you a confirmation of your authorization. You may revoke this consent at any time.

(continued)

## 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 open an account, we will ask for your name, 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.

## 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.

## 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.

## Membership Eligibility

Active employees of the following organizations are eligible to become First Northern Credit Union members, provided all conditions for membership regarding minimum shares are met: Exelon Corporation & its subsidiaries, First Northern Credit Union, and any other select employee group included in the credit union bylaws at the time of the individuals application for membership. Also eligible are any persons employed or residing in the city of Evanston or the following counties: Boone, DeKalb, DuPage, Grundy, Kane, Kendall, Lee, McHenry, Ogle, Stephenson, Will and Winnebago. The following relatives of the existing members are also eligible to become members of First Northern Credit Union: Spouse, Parents (including stepparents), Children (including stepchildren), Siblings, Grandparents, Grandchildren, Aunts, Uncles, Nieces, Nephews, In-laws, and First Cousins.

## Checking Account Agreement With Overdraft Transfer From Share Account

We hereby authorize First Northern Credit Union to establish this Checking Account for me/us. The credit union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the shares in this Account. The credit union is under no obligation to pay a check that exceeds the fully paid and collected share balance in the Account. The credit union may, however, treat such checks as a request to the credit union to automatically transfer from share account, for a fee, up to six times per month.

A minimum \$5.00 must remain in savings account regardless of any overdraft protection you may have for your Checking Account. Please refer to the General disclosure for more information on these accounts.

## Share Insurance

Funds are insured for up to \$250,000 per member by the National Credit Union Administration, an agency of the U.S. Government. Individual retirement accounts are insured for an additional \$250,000. Also, funds are insured privately by Excess Share Insurance for an additional \$250,000.

First Northern Credit Union USE ONLY:

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

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

Initials \_\_\_\_\_

Date: \_\_\_\_\_

Code: \_\_\_\_\_

\_\_\_\_ I DO authorize First Northern Credit Union to pay overdrafts on my everyday debit card transactions (non-recurring). I have the right to revoke this consent at any time.

\_\_\_\_ I DO NOT authorize First Northern Credit Union to pay overdrafts on my everyday debit card transactions (non-recurring).

\_\_\_\_\_  
Signature – Overdraft Authorization Date

## 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's Name

\_\_\_\_\_  
Beneficiary's #1 Social Security Number Date of Birth

\_\_\_\_\_  
Beneficiary #1 City State

\_\_\_\_\_  
Beneficiary # 2 Name

\_\_\_\_\_  
Beneficiary's #2 Social Security Number Date of Birth

\_\_\_\_\_  
Beneficiary #2 City State