

Membership Account Application

Member Information				
Last Name	First Name	Middle Initial	Mother's Maiden Name	
Home Address (Can Not be a KO Address)	City	State	Zip	
Mailing Address (if different than home address)	City	State	Zip	
Driver's License Number / State	Home Phone Number	Business Phone Number	Country	Country Code
Date of Birth	Business Email		Personal Email	
Eligibility For Membership				
Currently Employed By	HR ID #	Division/Dept	Family Member or Sponsor Name	Sponsors Phone Number
Taxpayer's Identification Number Or Social Security Number			New Member Number	
Part I. Enter your (Payee) Taxpayer Identification Number (TIN) or Social Security Number				

Part II. 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 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 (U.S. Citizen or Resident Alien). I understand that if I am not a U.S. Person, but a Non-Resident Alien, I must submit the appropriate IRS Form W-8BEN with the membership application.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back up with holding.

This account shall be: Individual Joint With Payable-On-Death (POD) Provision

Joint Owner Information				
Last Name	First Name	Middle Initial	Date of Birth	
Street Address (if different from address listed above)	City	State	Zip	
Social Security Number	Driver's License Number / State	Mother's Maiden Name (Security Code)		
Email Address	Home Phone Number	Business Phone Number	Country	Country Code

Account Authorization Type	Separate application required for the following
<input type="checkbox"/> Savings Account* <input type="checkbox"/> Classic Money Market Account* <input type="checkbox"/> Share Certificate <input type="checkbox"/> Premier Account <input type="checkbox"/> Checking Account <input type="checkbox"/> Club Savings Account* <input type="checkbox"/> Alumni Account	<input type="checkbox"/> IRA <input type="checkbox"/> Revocable/Irrevocable Trust

Automatic Overdraft Protection

I authorize you to automatically pay any overdraft(s) on my checking account(s) from my account(s) listed below:

Savings*
 Premier Savings*
 Checking Line of Credit
(requires separate application)

No more than six (6) pre-authorized automatic or telephone transfers allowed from any savings per month. See Rate and Fee Schedule for details.

Debit Authorization	
I authorize Coca-Cola Federal Credit Union to initiate a charge (debit) entry at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.	
I _____, authorize	
Financial Institution Name	9 Digit Routing Number
Account Number	Amount (One-time only, \$1,000.00 limit) \$

Checking Account
 Savings Account*

Please turn over to complete application; signature is REQUIRED.

Designation On Payable-On-Death Beneficiary

All account types under this member number Specific account type(s)

(NOT for use with HSA, IRA or Share Certificates. Use separate specially designated forms.)
Cannot be the same person as joint owner.

Beneficiary Information

Name	Social Security #	Date of Birth	% of Distribution
Street Address (P.O. Box not permitted)	City	State	Zip
Name	Social Security #	Date of Birth	% of Distribution
Street Address (P.O. Box not permitted)	City	State	Zip
Name	Social Security #	Date of Birth	% of Distribution
Street Address (P.O. Box not permitted)	City	State	Zip

Notice: All beneficiaries are subject to an OFAC review before being added or prior to disbursal of funds. A Payable-On-Death Beneficiary on a joint account will not have access to account funds unless all owners are deceased. Once signed and dated, this form will supersede any previously dated form on file.

TOTAL DISTRIBUTION
(Total should add up to 100%)

Visa Debit Card

Acknowledgement: Further, by signing this form, I (we) acknowledge receipt of the Electronic Funds Transfer Act (Regulation E) **Check Appropriate Box:** Primary Joint

E-Consent Communications Agreement

CONSENT FOR ELECTRONIC COMMUNICATION
By signing you affirmatively agree and authorize the Credit Union to conduct business with you electronically. This disclosure documents your consent to conduct transactions electronically and to electronically receive disclosures and notices relative to the accounts you are applying to open with us online and other products and services we may offer. The disclosure also describes your rights relative to conducting transactions electronically and to electronically receiving disclosures and notices, as well as the consequences of withdrawing your consent. We recommend you print and retain a copy of this disclosure and all the disclosures and agreements related to this transaction.

- The information may include, but is not limited to:
- Account Alerts
 - Annual Privacy Notice with opt-out option
 - Billing Rights
 - Disclosures
 - E-Documents (E-Statements, E-Notices, and E-Receipts)
 - Electronic Funds Transfer Disclosure
 - Funds Availability Policy
 - Notice of change in terms for your deposit account
 - Notice of change in schedule of fees
 - Terms and Conditions of your deposit account
 - Truth-In-Savings

Please see Membership Agreement Booklet for full E-Consent Communications Agreement.

Account Agreement

I am applying for membership in Coca-Cola Federal Credit Union. Each applicant for membership certifies that they are eligible for membership in Coca-Cola Federal Credit Union's field of membership. All of the information on the application is accurate and true and the account is subject to closure if false information is provided.

I agree to abide by the bylaws as well as all applicable terms and conditions set forth in the Membership & Account Agreement and the Rate and Fee Schedule, all of which receipt is here by acknowledged and which are incorporated by this reference.

I authorize you to verify and gather whatever credit, checking account, and employment information you consider appropriate from time to time. I understand this will assist you, for example, in determining my initial and ongoing eligibility for my Accounts and/or in connection with making future credit opportunities available to me.

This application serves as the Master Membership Account Application or Supplemental Application, and controls all subaccounts opened under this member number, except Individual Retirement Accounts (IRAs) and Trust Accounts, and is a continuing authorization to open any other account for me on my verbal request and deposit of funds.

NOTE: Included is my initial U.S. Dollar deposit into my Savings Account in the amount of \$ _____ (\$10.00 minimum opening deposit requirement must be maintained at all times in your Savings Account).

You may return this form using any of the following methods:
Mail: Coca-Cola Credit Union, PO Box 1734, Atlanta, GA 30301-1734
Fax: 404-598-2586
Email: creditunion@coca-cola.com

New Member's Signature	Date

Joint Owner's Signature	Date