

ABOUT ACCOUNT HOLDER

ACCOUNT NO.: 123

BRANCH ACCOUNT INFORMATION:

Account #: _____ Branch: boomerang
Account Type: _____ Account Type: _____ Account Type: _____
Opened By: _____ Date Opened: _____

RECORD OF ACCOUNT: (MARK THE APPROPRIATE AREAS WITH AN "X" TO IDENTIFY THE RELEVANT TYPE OF RECORDS BEING PROVIDED) *

PASSBOOK: YES NO *NOT ALL SERVICES MAY BE APPLICABLE TO YOUR CREDIT UNION
STATEMENTS: YES NO
STATEMENT FORMAT: INDIVIDUAL CONSOLIDATED
TYPE OF DISTRIBUTION: BY MAIL BY EMAIL
STATEMENT DISTRIBUTION: MONTHLY QUARTERLY OTHER _____
CHEQUE RECORD: YES NO

APPLICANT'S INFORMATION:

Applicant's Name: _____
S.I.N.: _____ Date of Birth: _____ Relationship to Co-Applicant: _____
Address: _____
Home Phone: Home: _____ Fax: Fax: _____ Email: _____
Employer: _____ Business Address: _____
Occupation: _____ Business Phone: _____ Ext.: _____ Business Fax: _____

APPLICANT'S REFERENCES: BIRTH CERTIFICATE, DRIVER'S LICENSE, PASSPORT OR ANY SIMILAR RECORD. (OBTAIN A COPY OF ANY PHOTO ID FOR THE CREDIT UNION RECORDS)

Identification Type: _____ Reference #: _____ Place of Issuance: _____
Identification Type: _____ Reference #: _____ Place of Issuance: _____

THIRD PARTY ACCOUNT DETAILS: COMPLIANCE WITH THE PROCEEDS OF CRIME (MONEY LAUNDERING) AND TERRORIST FINANCING ACT (CANADA), AS AMENDED FROM TIME TO TIME:

The Account Holder(s) hereby confirm that this account is: (CHOOSE ONE)
 Not to be used by or on behalf of a party that is not an Account Holder;
 Is to be used by or on behalf of a party that is not an Account Holder (a "Third Party"), the details of which are outlined below.
Name: _____
Address: _____
Occupation or Principal Business: _____ If a corporation, incorporation number and jurisdiction: _____
Nature of Relationship between the Account Holder(s) and Third Party: _____

JOINT ACCOUNT OPTIONS: (MARK WITH AN "X")

If this account is an account held jointly by more than one member, all funds standing to the credit of the holders of the account identified by the account number designated above, other than Term Deposits in the name of one or more, but not all of the account holders as follows: (CHOOSE ONE)
 joint tenants, with right of survivorship; or tenants in common

Signing Authority for Debit Transactions: (CHOOSE ONE)

any one of the account holders, acting alone, may authorize debit transactions on this account; or all of the account holders, acting together, must authorize debit transactions on this account.

_____	_____	_____
Print Name of Applicant	Signature of Applicant (Account Holder #1)	Date
_____	_____	_____
Print Name of Applicant	Signature of Co-Applicant (Account Holder #2)	Date
_____	_____	_____
Print Name of Applicant	Signature of Co-Applicant (Account Holder #3)	Date
_____	_____	_____
Print Name of Applicant	Signature of Co-Applicant (Account Holder #4)	Date

