

L-U-S-O STATEMENT SHARE ACCOUNT AGREEMENT

FOR CREDIT UNION USE ONLY

Account No. _____

OWNERSHIP OF ACCOUNT: INDIVIDUAL JOINT - WITH SURVIVORSHIP

TYPE OF ACCOUNT: STUDENT STATEMENT SHARE-SAVINGS

OPENED BY: _____ INITIAL AMOUNT: \$ _____

STUDENT INFORMATION

Member (1) Name: _____
Social Security Number: _____ Date of Birth: ___/___/___
Street Address: _____
City: _____, State: _____ Zip Code: _____
Telephone Number: (_____) _____ - _____

School Name: Thornton Burgess
Grade Level: 5th 6th 7th 8th

Parent or Guardian Signature: _____

JOINT ACCOUNT HOLDER

Signer (2) Name: _____
Social Security Number: _____ Date of Birth: ___/___/___
Street Address: _____
City: _____, State: _____ Zip Code: _____
License Number: _____ Expiration Date: ___/___/___
License Issue State: _____ Issue Date: ___/___/___
Telephone Number: (_____) _____ - _____
Employer: _____
Business Tel: (_____) _____ - _____

Signature of Joint Applicant: _____

"L-U-S-O" STATEMENT SHARE ACCOUNT

\$5.00 Minimum Deposit

Minimum Tier	Maximum Tier	Dividend Rate	APY
\$5.00	Unlimited	0.10%	0.10%

- APY: Annual Percentage Yield / Fee FREE account!
- Requires statement account processing.
- Includes FREE Debit Card through SUM Program with REWARDS Score Card; age qualification applies.
- This is a variable rate account and rates are subject to change. Please visit our website, www.lusofederal.com, to review current rate schedules.