



Financial Services Application

Synergy Credit Union Ltd

(hereinafter referred to as "the Credit Union")

Single Estate
 Joint with ROS Trust
 Joint without ROS Youth
 Joint with more than 2 Applicants Y N O

TRICIA **MCDONALD** **F** **(306) 222-** **Y**
 First Name (1) Middle Name Surname S.I.N. Birth DO MMM YY Gender Phone # Work Phone Fax/Cell # (note f or c)
204 4 AVE **SK** **Y**
 Mailing Address City/Town Province Postal Code Email Address CND Resident Y or N, if no, country of origin

ID Type/Province# - current drivers license/provincial health card/passport/birth certificate/Indian status card - obtain 2nd ID if in doubt **TRUST SERVICES OFFICER/SCU**
 Occupation / Employer Name
 Next of Kin Info (Name/Phone/Relationship)

I wish to apply for membership in the Credit Union and subscribe for the minimum number of shares required Existing CIF # **70**

First Name (2) Middle Name Surname S.I.N. Birth DD MMM YY Gender Phone # Work Phone Fax/Cell # (note f or c)
 Mailing Address City/Town Province Postal Code Email Address CND Resident Y or N, if no, country of origin

ID Type/Province# - current drivers license/provincial health card/passport/birth certificate/Indian status card - obtain 2nd ID if in doubt Occupation / Employer Name
 Next of Kin Info (Name/Phone/Relationship)

I wish to apply for membership in the Credit Union and subscribe for the minimum number of shares required Existing CIF # _____

"I" refers to each applicant in the Financial Services Application.

If more than two applicants are applying for membership, an additional Financial Services Application must be completed.

Reason Opened **0 Advertising**

Complete this section if member is applying for a Credit Card, Global Payment Card, Line of Credit or for a change in limits on MemberCard

TRICIA	MCDONALD		
Gross Salary & Years at Employer (if self em; toyed, need f/s)		Gross Salary & Years at Employer (if self employed, need f/s)	
Previous Employer Name & Length of Employment		Previous Employer Name & Length of Employment	
Other Income	How Long - Current Address?	Other Income	

I am applying for the products and services marked below. I certify the above information is true and that I am not applying for a membership for or opening an account on behalf of any unidentified third party. I understand that the Credit Union may accept or reject this application partially or entirely and if I am applying jointly, my personal and financial information may be viewed by the other applicants. I consent to the Credit Union disclosing my personal and financial information to the other applicants arising by reason of making a joint application. I understand that my membership may require approval of the Credit Union Board of Directors and that my membership is subject to any restrictions and requirements set by the Credit Union Board of Directors and The Credit Union Act, 1998, The Credit Union Regulations, 1999, and any Bylaws of the Credit Union, all as amended or enacted from time to time.

If I am opening an account, I agree to be bound by the Financial Services Terms and Conditions which I acknowledge have been given to me by the Credit Union. If I am applying for a MemberCard Debit Card and Personal Identification Number, I agree to be bound by the MemberCard Debit Card/Personal Identification Number Terms and Conditions which I acknowledge have been given to me by the Credit Union. I acknowledge that the Credit Union may have to evaluate my creditworthiness before offering the products and services I have applied for in the Financial Services Application. In the event, the Credit Union has not already obtained my valid consent, or if I have withdrawn my consent, I consent to the Credit Union obtaining any personal, financial and credit information from any credit bureau, government agency, credit grantor or other person possessing such information to determine my eligibility for the products and services for which I have applied. If I am approved for any of the services or products I have applied for in the Financial Services Application, I agree to sign and be bound by such additional documents the Credit Union may require to facilitate the Credit Union's provision of such services and products to me.

Chequing	Savings	Other	Investments
Electronic <input type="checkbox"/>	Savings <input type="checkbox"/>	Bill Payments <input type="checkbox"/>	Wealth Accumulator <input type="checkbox"/>
Express <input type="checkbox"/>	Profit Shares <input checked="" type="checkbox"/>	LOC (5000) <input checked="" type="checkbox"/>	Isave <input type="checkbox"/>
Student <input type="checkbox"/>	Member Shares <input checked="" type="checkbox"/>	MemberDirect <input type="checkbox"/>	Non-Redeemable <input type="checkbox"/>
Value <input type="checkbox"/>	Cards <input type="checkbox"/>	E-Statements <input checked="" type="checkbox"/>	High 5 <input type="checkbox"/>
Senior <input type="checkbox"/>	MemberCard <input type="checkbox"/>	TeleService <input type="checkbox"/>	Index Linked <input type="checkbox"/>
Unlimited <input type="checkbox"/>	Credit Card <input type="checkbox"/>	PATs <input type="checkbox"/>	Special Quote <input type="checkbox"/>
U.S. <input type="checkbox"/>	Global Payment <input type="checkbox"/>	SDB <input type="checkbox"/>	Deposit Wise <input type="checkbox"/>
Cheques <input type="checkbox"/>	CAP Matrix <input type="checkbox"/>	BOA Request <input type="checkbox"/>	

More than two applicants, record additional members name(s):

Applicant
 Applicant
 Witness

 03/Oct/2007