



*Federal Credit Union*

## **2011 HOLIDAY CLUB ANNUAL ENROLLMENT**

### **Who May Join the Holiday Club?**

All associates of Luxottica Retail (U.S. and Puerto Rico only) – once you join, your immediate family members are eligible for membership.

### **Advantage of a Credit Union Holiday Club**

- Deposits are made easy thru payroll deduction
- Dividends are earned monthly
- You receive quarterly statements

### **When Does It Begin?**

Payroll deductions start on December 3, 2010

### **Return Deadline—November 5, 2010**

The attached card, along with a legible copy of the driver's license or state ID for each person signing on the account must be returned to the Credit Union office by Friday, November 5, 2010 in order for your deductions to start on December 3, 2010. Enrollments received after these dates will be processed as soon as possible.

### **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 to 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.

### **Membership Requirements**

- Upon opening a Holiday Club Account, a regular savings account will also be opened. In accordance with our Bylaws, all members must maintain a \$5.00 minimum balance in their regular savings account to be eligible for membership. A transfer will be made from your Holiday Club Account for \$5.00 in order to meet this requirement. This \$5.00 balance will always be available to you if you decide to close your membership.
- **Legible copy of a driver's license or official State identification for each person signing on the account.**

### **Disbursal Date—November 1, 2011**

The balance in your Holiday Club Account will be transferred into your regular savings and will be available by the following options:

- Stop by the Credit Union and make a withdrawal
- Visit us online at [www.memberstrust.org](http://www.memberstrust.org) or call PASS at 800-769-8934 to request a withdrawal or transfer. If this is your first time accessing these services, your initial password is the last four digits of your SSN.
- E-mail your request to: [memberstrust@luxotticaretail.com](mailto:memberstrust@luxotticaretail.com)
- By using your Members Trust Federal Credit Union ATM card

### **Early Withdrawal Penalty—\$10.00**

This account is not similar to a regular savings account and should not be used for frequent withdrawals. Please consider this before enrolling in the Holiday Club. Should you wish to close the account or request a withdrawal or transfer from your Holiday Club account prior to November 1, 2011 there will be a \$10.00 early withdrawal penalty for each withdraw.

**Fax the completed Account Card along with an enlarged and lightened copy of a driver's license or State identification for each person signing on the account to: 513-765-6078**

**ACCOUNT CARD:**

**Account Ownership:** ☐ Individual ☐ Joint Account with Survivorship

*Please Print*

Existing Account Number: \_\_\_\_\_ (if applicable) Lux ID: \_\_\_\_\_

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Eligibility for Membership: ☐ Luxottica Associate ☐ Household Member, if so who: \_\_\_\_\_

**\*E-mail Address(required):** \_\_\_\_\_

\*Quarterly statements will be processed via eStatement. To access your statement, please go to [www.membertrust.org](http://www.membertrust.org) and click on the Online Banking tab at the top of the page. Your initial password is the last four digits of your SSN.

**IF JOINT, COMPLETE JOINT OWNER INFORMATION:**

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**PAYROLL DEDUCTION CARD:**

Please deduct \$ \_\_\_\_\_ per paycheck. I am paid ☐ weekly ☐ bi-weekly

Please credit this deduction as follows: Regular Savings \$ \_\_\_\_\_ Holiday Club \$ \_\_\_\_\_

I understand that until further notice from me this deduction will continue as requested.

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION:**

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 a failure to report all interest or dividends, or © 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).

Certification 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.

**AUTHORIZATION:**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of the acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature (Joint Owner)

\_\_\_\_\_  
Date

Credit Union Use Only:

Account Number: \_\_\_\_\_ Membership Officer \_\_\_\_\_ Date \_\_\_\_\_