



KINGSTOWN CO-OPERATIVE CREDIT UNION LTD

DECLARATION OF JOINT MEMBERSHIP

DATE: _____

The undersigned hereby apply for joint membership in the **KINGSTOWN CO-OPERATIVE CREDIT UNION LTD.**

GENERAL CONDITION TO WHICH WE AGREE:

1. We agree with each other and with the Credit Union that all payments on shares and/or on deposits and all dividends and interest there from in connection with this account and owned by us jointly, and maybe withdrawn by either of us, each withdrawal shall be valid and shall release and discharge the Credit Union from any liability for the withdrawal.
2. In the event of the death of the **PRIME MEMBER** to this account, the surviving member can either close the account and claim the insurance thereon or continue the said account.
3. We note that the Credit Union Insurance would not settle a claim for the account in the event of the death of the **SECOND MEMBER** to this account. Hence any outstanding liabilities thereon will continue to be borne by the **PRIME MEMBER**.

Account number: _____

Account number: _____

Prime Member's Name:

Second Member's Name:

Signature: _____

Signature: _____

Date: _____

Date: _____

Witness: _____

Witness: _____

Date joined: _____

Date joined: _____