

# SINGLE MEMBERSHIP FORM

**Aged 16 years +** (please complete all sections in BLOCK CAPITALS)

### PLEASE NOTE: THIS COMPLETED APPLICATION FORM MUST BE SUBMITTED WITH THE FOLLOWING:

- 1. 

  Current Photographic ID (Please refer to Guidance Notes attached.)
- 2. 

  Discreption | Evidence of PPS number (Please refer to Guidance Notes attached.)
- 3. 

  Address verification (Please refer to Guidance Notes attached.)

Original documents must be submitted in person, by the applicant, to an officer in the Credit Union. THE CREDIT UNION RESERVES THE RIGHT TO LOOK FOR ADDITIONAL INFORMATION IF REQUIRED.

1. PERSONAL DETAILS				
Name: Title: Mr  Mr	s			
Nationality: Country of Residen	ce:			
Birth Country:				
Date of Birth: EIRCODE:				
Address:				
How long have you been living at this address: Years Months				
If less than 3 years, please give previous address:				
Telephone Number: Mobile Number:				
Email Address:				
Member of another Credit Union? YES NO				
If YES please give name of Credit Union:				
Occupation:				
Employer Name and Address:				
2. YOUR RIGHTS TO COMMUNICATION				
RECEIPT OF OBLIGATORY NOTICES BY EMAIL  There are certain notices that Credit Unions are obliged to provide from time to time. Please provide your email address if you would like to receive these obligatory, non-marketing communications (e.g. the AGM notice and e-statements). This will assist the Credit Union in reducing our carbon footprint.  Email address:				
KEEPING YOU INFORMED: DIRECT MARKETING  From time to time, Link Credit Union Ltd would like to notify you of products, services, competitions and/or promotional offers that may be of interest to you. If you wish to be included in such marketing communications please tick the relevant boxes:				
Post □ Email □ Text □ Mobile □ I do not wis	h to be contacted $\square$			
You can update your preferences at any time by contacting us by letter or email dataprotection@linkcu.ie Please note, the Credit Union may still contact you where there is a legal obligation or legitimate interest basis for that contact.				
3. BENEFICIAL OWNERSHIP				
Reason for opening an account: Savings □ Loans □ Deposit □ Other □				
please specify:				
Source of funds: Wages □ Pension □ Welfare □ Other □				
please specify:				
<ol> <li>I declare that I am the beneficial owner of the funds which will be held in the arising from this membership now and hereafter shall be my sole property my sole benefit.</li> </ol>				
Applicant Signature: Date:				
In the event that the application is in respect of a person who is unable to give receipts:				
Signature: Date:				
(Parent/Guardian/Other)				



	•	n Section 37 (10) of the Criminal Justice (Money Laundering and fer to Guidance Notes attached for more information.)		
If the answer is yes please provide more information		per to database notes attached for more anomations,		
4. TAX RESIDENCY				
If you are a tax resident in another country, ple	ease provide yo	our Tax Identification Number (TIN) and Country of Tax Residence		
TIN No:				
Country of Tax Residence:				
I confirm that the information provided is true and con	rect to the best of	my knowledge, and if my circumstances change, I will notify the Credit Union.		
Applicant Signature:		Date:		
If you are tax resident in the Republic of Irelan	d, please sign t	the following:		
Applicant Signature:		Date:		
		bligations under the Common Reporting Standard (CRS), as provided for by Section		
payments on the account will be provided to the Revenue Co	ommissioners and n	ted under the CRS, including name, address, TIN, account number, account balance and may be exchanged securely with another Competent Tax Authority in your jurisdiction est confidentiality as required by the Data Protection Act 2018. Only data that is legally		
	mmissioners. For mo	ore information on this, please speak to your Credit Union or contact Revenue at		
5. DECLARATION				
	ils provided in this	application form together with any other information that is furnished to us in		
connection with this application will be retained an	d processed by Lin	nk Credit Union Ltd in accordance with our privacy statement which is available to		
you at your request or you can access the privacy s  Please tick the box to confirm you have been adv				
<ol><li>Depositor Information Sheet - The Depositor Information Sheet - Th</li></ol>		vides important information in relation to the Deposit Guarantee Scheme and your Depositor Information Sheet as attached □		
3. European Communities (Payment Services) Regula	ations 2018 (the "F	Regulations") - The "Framework Contract" provides important information for the		
		ne on www.linkcu.ie. A copy will be emailed to you in the Welcome Pack when your been advised where to locate the Regulations document		
I hereby apply for membership of Link Credit Unio	n Ltd and agree	to abide by the rules of the Credit Union. The information given by me		
•	_	pelief. I will promptly notify the Credit Union in writing of the details of I may become aware at any time after the date of this Declaration.		
9		in connection with this application for membership of Link Credit Union		
Ltd may result in termination of my membership, a	part from any of	ther legal sanctions that may apply.		
	D Al	D :		
Signature:	Print Name	::Date:		
FOR	CREDIT U	JNION USE ONLY		
Evidence of Identification: (Copies must be attached)	Please Tick			
Current Valid Passport	110000 11011	Date application received:		
Current Valid Driving Licence		Officer Signature:		
Birth Certificate		Officer signature.		
Other (Please Specify)		Account Opened by:		
Evidence of PPSN: (Copies must be attached)	Please Tick	Date:		
Tax Free Allowance Certificate				
Payslip				
		Application Approved and details verified in accordance with the		
Official Document from Revenue		Standard Rules by: (Membership Committee or Membership Officer)		
Official Document from Revenue  Medical Card, Drugs Payment Scheme Card				
		Standard Rules by: (Membership Committee or Membership Officer)		
Medical Card, Drugs Payment Scheme Card	Please Tick	Standard Rules by: (Membership Committee or Membership Officer)  Signature:		
Medical Card, Drugs Payment Scheme Card Other (Please Specify)	Please Tick	Standard Rules by: (Membership Committee or Membership Officer)  Signature:  Membership Officer */ Committee *		
Medical Card, Drugs Payment Scheme Card Other (Please Specify)  Evidence of Address: (Copies must be attached)	Please Tick	Standard Rules by: (Membership Committee or Membership Officer)  Signature:  Membership Officer */ Committee *  Date:		

Other (Please Specify)

## Link Credit Union Ltd. Deposit Guarantee Scheme

### **Depositor Information Sheet**

### Basic information about the protection of your eligible deposits

Eligible deposits in Link Credit Union Ltd are protected by:	The Deposit Guarantee Scheme ("DGS") (1)	
Limit of protection:	€100,000 per depositor per credit institution (2)	
If you have more eligible deposits at the same credit institution:	All your eligible deposits at the same credit institution are 'aggregated' and the total is subject to the limit of €100,000 (2)	
If you have a joint account with other person(s):	The limit of €100,000 applies to each depositor separately (3)	
Reimbursement period in case of credit institution's failure:	7 working days (4)	
Currency of reimbursement:	Euro or, for branches of Irish banks operating in another member state of the EEA, the currency of that member state.	
To contact Link Credit Union Ltd for enquiries relating to your account:	Link Credit Union Ltd Main Street, Kingscourt, Co. Cavan A82 Y5D5 Tel: 042 967 5000 Email: info@linkcu.ie	
To contact the DGS for further information on compensation:	Deposit Guarantee Scheme, Central Bank of Ireland New Wapping Street, North Wall Quay, Dublin 1, D01 F7X3 Tel: 1890-777777 Email: info@depositguarantee.ie	

### OTHER IMPORTANT INFORMATION

In general, all retail depositors and businesses are covered by the Deposit Guarantee Scheme. Exceptions for certain deposits are stated on the website of the Deposit Guarantee Scheme. Your credit institution will also inform you on request whether certain products are covered or not. If deposits are eligible, the credit institution shall also confirm this on the statement of account.

### 1. SCHEME RESPONSIBLE FOR THE PROTECTION OF YOUR DEPOSIT

Your deposit is covered by a statutory deposit guarantee scheme. If insolvency should occur, your eligible deposits would be repaid up to €100,000.

### 2. GENERAL LIMIT OF PROTECTION

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by the DGS. This repayment covers at maximum €100,000 per person per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100,000.

#### 3. LIMIT OF PROTECTION FOR JOINT ACCOUNTS

In case of joint accounts, the limit of €100,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of €100,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above €100,000

for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits relating to certain events which include: certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential property; sums paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits; the depositor's marriage, judicial separation, dissolution of civil partnership, and divorce; sums paid to the depositor in respect of benefits payable on death; claims for compensation in respect of a person's death or a legacy or distribution from the estate of a deceased person.

#### 4. REIMBURSEMENT

The responsible deposit guarantee scheme is: Deposit Guarantee Scheme,
Central Bank of Ireland,
PO Box 559, New Wapping Street
North Wall Quay, Dublin 1
Tel: 1890-777 777
Email: info@depositguarantee.ie

Website: www.depositguarantee.ie

It will repay your eligible deposits (up to €100,000) within 7 working days from 01 January 2024 onwards, save where specific exceptions apply.

Where the repayable amount cannot be made available within seven working days depositors will be given access to an appropriate amount of their covered deposits to cover the cost of living within five working days of a request. Access to the appropriate amount will only be made on the basis of data provided by the credit institution. If you have not been repaid within these deadlines, you should contact the deposit guarantee scheme.

### **GUIDANCE NOTES**

### APPLICANT MUST BE PRESENT AND PROVIDE ORIGINAL DOCUMENTS TO THE CREDIT UNION.

#### Identification

(examples of acceptable documents)

- Photographic ID Driver's Licence, Passport or Irish Residence permit – must be in date.
- Evidence of PPS P21; PAYE Notice of Tax Credits; Tax Free Allowance Certificate; Pay slip; correspondence from Revenue. (We are unable to accept the Public Services Card),
- Address Verification: Bank or Credit Card Statement, utility bill, Government letter or TV licence renewal form dated within the last 3 months.

Please contact the Credit Union if you are unable to provide any of the above documents.

#### **SECTION 1. Personal Details:**

An email address must be provided as the Credit Union will contact you via email to:

- Confirm when the account has been opened.
- Advise you of the final step in completing the Membership Application process.
- · Provide you with a Welcome Pack.

## **SECTION 2. - Your Rights to Communication Self-explanatory.**

### **SECTION 3. - Beneficial Ownership**

The Credit Union must comply with the legal requirements as stated in the Criminal Justice (Money Laundering and Terrorist Financing Act 2010 and 2013), which includes our obligations regarding funds lodged into the Credit Union: "the true nature, source, location, disposition, movement or ownership of the property, or any rights relating to the property"

Beneficial Owner: Person who owns the funds held in the account.

Politically Exposed Person: means an individual who is, or has at any time in the preceding 12 months been, entrusted with a prominent public function, including any of the following individuals (but not including any middle ranking or more junior official):

- (A) a specified official.
- (B) a member of the administrative, management or supervisory body of a state-owned enterprise.
- (C) Any individual performing a prescribed function.

**'Specified Official**' means any of the following officials (including any such officials in an institution of the European Communities or an international body):

- (A) a head of state, head of government, government minister or deputy or assistant government minister.
- (B) a member of parliament or of a similar legislative body.
- (C) members of the governing bodies of political parties.
- (D) a member of a supreme court, constitutional court, or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal.
- (E) a member of a court of auditors or of a board of a central bank.

- (F) An ambassador, chargé d'affairs or high-ranking officer in the armed forces.
- (G) directors, deputy directors and members of the board or equivalent function of an international organisation.

#### **Close Associate**

In this section 'close associate' of a politically exposed person includes any of the following persons:

- (A) Any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person.
- (B) Any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person.

### **Immediate Family Member**

'Immediate Family Member' of a politically exposed person includes any of the following persons:

- (A) Any spouse of the politically exposed person.
- (B) Any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person resides.
- (C) Any child of the politically exposed person.
- (D) Any spouse of a child of the politically exposed person.
- (E) Any person considered to be equivalent to the spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides.
- (F) Any parent of the politically exposed person.
- (G) Any other family member of the politically exposed person who is of a prescribed class. 'The Minister may prescribe a class of family member of a politically exposed person, for the purposes of paragraph
- (G) of the definition of "immediate family member" of a politically exposed person in subsection (10), only if the minister is satisfied that it would be appropriate for the provisions of this section to be applied in relation to members of the class, having regard to any heightened risk, arising from their close family relationship with the politically exposed person, that such members may be involved in money laundering or terrorist financing".

### • SIGNATURE REQUIRED IN THIS SECTION OF THE APPLICATION FORM

#### **SECTION 4. - Tax Residency**

If you are a Tax resident in another country, we require your TIN, in accordance with Taxes Consolidation Act 1997. If you are resident for tax in Republic of Ireland, we will require evidence of your PPS Number.

 SIGNATURE REQUIRED IN THIS SECTION OF THE APPLICATION FORM

#### **SECTION 5. - Declaration**

Depositor Information Sheet is attached to this application form, for your retention. It is your responsibility to notify the Credit Union of any changes to your relevant personal information.

### SIGNATURE REQUIRED HERE

## Process for opening an account with Link Credit Union:

- You can become a member of Link Credit Union online. Adults applying for a sole account can apply for membership via our website www. linkcu.ie or on our Link Credit Union mobile app.
- To be eligible for membership of Link Credit Union, individuals must either live, work or attend a school or college within our "Common Bond". Our Common Bond is geographical and is the designated townlands within a radius of the towns of Kingscourt, Bailieborough, Moynalty and Cootehill as outlined in Common Bond maps in our offices at Kingscourt, Bailieborough and Cootehill.
- 3. Please complete the appropriate membership application form Single Membership Application Form
- 4. Please sign Sections 3, 4 and 5
- Call in person, to any office, with your completed membership form and 3 original forms of ID.
- 6. An officer will photocopy your documents and return them to you.
- An initial assessment will be made of the completed application form, before it is submitted to the Onboarding Officer for processing.
- Your account will usually be opened within 5 working days. A welcome pack will be emailed to you at that time
- You must lodge funds to your account within one month from the date your account is opened, to become a member of the Credit Union. If funds are not lodged during this period, the account will be closed.
- If you wish to transfer funds electronically, you will require a Link Credit Union current account, as there is no IBAN and BIC numbers attached to a SHARE ACCOUNT.
- 11. A membership fee of €1.00 will be deducted from your initial lodgment
- 12. The Annual Affiliation Fee of €1.00 for membership to the Irish League of Credit Unions, is debited from the Share Account every year after the AGM
- 13. Minimum Share balance of €10.00 must be retained for membership of the Credit Union.
- 14. Minimum Share balance of €25.00 must be retained in the account to be eligible for Death Benefit Insurance.

IT IS THE MEMBERS RESPONSIBILITY TO ENSURE THE MINIMUM SHARE BALANCE IS MAINTAINED, TO RETAIN MEMBERSHIP AND BENEFITS OF THE CREDIT UNION.



## Have you completed a Form of Nomination?

If so, does it reflect your up-to-date wishes?

### Dear Member,

You may be aware that the Credit Union Acts allows Members to instruct that in the event of their death, the value of their savings with the Credit Union passes to one or more specified persons.

The advantage of this is that on your death, the money is paid to the person you nominate quickly and without any complicated process involving lawyers or probate.

If you haven't set up a Nomination, we urge you to do so. It doesn't cost anything, and the payment may ease the stress of your loved ones at the time of your death.

If you have set up a Nomination, we urge you to consider if it is up to date and reflects your current wishes as things may have changed (e.g. change of marital status or other circumstances) since you set it up.

Nominations are easy to set up. All you need to do is complete a simple form in the Credit Union.

Neither lawyers nor any member of your family need be involved.

### Nominations:

- must be in writing and signed by you;
- must be set up in the Credit Union before you die;
- may include savings as well as the proceeds of insurance claims, current accounts or EFT balances;
- cannot instruct that your savings pass to any Credit Union Officer unless they are in your family;
- operates to a legal maximum (currently €27,000). Any surplus above this amount has to be paid into your estate;
- may be cancelled or amended by you at any time;
- automatically revoked on your marriage or where your nominated beneficiary dies before you do;
- cannot be varied by your will, which allows the Credit Union to make the payment without any complicated process involving lawyers or probate;
- nominations cannot be put in place by persons under 16 years of age or on a joint account.

Remember: If you have a Credit Union loan, the Credit Union's insurance clears it automatically upon your death (subject to certain terms and conditions). This means that your savings can be passed direct to your nominated beneficiary without having to be used to clear your loan.

If you want to complete a Form of Nomination, please complete the Form of Nomination attached.

## RM OF NOMINATION

TO BE COMPLETED ONLY FOLLOWING ADMISSION TO MEMBERSHIP

Name:



(If you wish to nominate more than one Nominee, please ask for the Form of Nomi	nation for Multiple Nominees)	LINK CREDIT UNION		
I,[print name]	Membership Number:			
Address:				
a member of Link Credit Union Ltd, hereby revoke all previous nominations and nominate the following person:				
*Name:				
*Address:				
*Relationship of nominee to nominator:				
The above nominee will become entitled to such propinsurances with the exception of the Death Benefit Rider, of the amount for the time being authorised by law which if applicable, of the Death Benefit Rider may be applied bereavement expenses and if not so applied shall be paid	if applicable, or otherwise), no I may have at the time of my by the Credit Union towards	ot exceeding the limit death. The proceeds, my vouched funeral/		

Notes: This form becomes valid only following admission to membership of the nominator. This form should be adapted if specific property only is to be nominated.

- A nomination cannot be revoked or varied by the Will of the member, under section 21(4) of the Credit Union Act 1997 (as amended) (hereinafter "the Act").
- The marriage of the member will revoke an existing nomination, under section 21(6) of the Act.
- A nomination shall be revoked by the death of the nominee before the death of the nominator, under section 21(7) of the Act.
- The form of nomination must be delivered to the registered office during the nominator's lifetime, under section 21(1) of the Act.
- If you wish to nominate more than one nominee, the funds will be divided equally between each nominee please ask for the appropriate Form of Nomination for Multiple Nominees
- If the nominee is aged under 16 years of age, the Credit Union may pay the sum to the parent or guardian of the nominee or to any other person of full age, to hold it in trust for the nominee or apply it for their benefit; and whom the Credit Union may think a fit and proper person for the purpose. Please provide details of the proposed appropriate adult:

Relationship to Nominee:-

Address:					
Phone No:					
And a receipt for that sum signed by that parent, guardian or other person shall be a sufficient discharge to the Credit Union for all money so paid.  Note: For a nomination to be valid, the nominee must be a named person, and not an organisation or charity.					
Member Signature:	Date:				
(First) Witness Signature:	Date:				
Print Name:	[T	he witness shall not be the nominee]			
Address:					
Occupation:					
Member Signature:	Date:				
(Second) Witness Signature:	Date:				
Print Name:	[T	he witness shall not be the nominee]			
Address:					
Occupation:					