



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:

- Current Photographic ID (e.g. Passport, Drivers Licence)
- Evidence of PPS number (Personal Public Services card cannot be accepted as proof of same)
- Address verification (e.g. Bank Statements, Utility Bill, letter from Government Department - dated within previous 3 months)

**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 Mrs Ms Miss Other

Nationality: Country of Residence:

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). 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 wish to be contacted

You can update your preferences at any time by contacting us by letter or email dpo@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:

1. I declare that I am the beneficial owner of the funds which will be held in this account. I acknowledge that all shares arising from this membership now and hereafter shall be my sole property and all withdrawals shall be applied for my sole benefit.

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)



2. Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010? Yes No

If the answer is yes please provide more information:

4. TAX RESIDENCY

If you are a tax resident in another country, please provide your Tax Identification Number (TIN) and Country of Tax Residence

TIN No:

Country of Tax Residence:

I confirm that the information provided is true and correct 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 Ireland, please sign the following:

Applicant Signature: Date:

Mandatory *This information is being sought for the purposes of reporting obligations under the Common Reporting Standard (CRS), as provided for by Section 891F of the Taxes Consolidation Act 1997. The information required to be reported under the CRS, including name, address, TIN, account number, account balance and payments on the account will be provided to the Revenue Commissioners and may be exchanged securely with another Competent Tax Authority in your jurisdiction of tax residence, but such information will at all times be treated with the strictest confidentiality as required by the Data Protection Act 2018. Only data that is legally required to be reported will be provided to the Revenue Commissioners. For more information on this, please speak to your Credit Union or contact Revenue at aeoi@revenue.ie or see <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

5. DECLARATION

- Data Protection and Privacy Statement** - The details provided in this application form together with any other information that is furnished to us in connection with this application will be retained and processed by Link Credit Union Ltd in accordance with our privacy statement which is available to you at your request or you can access the privacy statement at any time on www.linkcu.ie
Please tick the box to confirm you have been advised & offered a copy of our Privacy Statement
- Depositor Information Sheet** - The Depositor Information Sheet provides important information in relation to the Deposit Guarantee Scheme and your related rights. **Please tick the box to confirm you have received the Depositor Information Sheet as attached**
- European Communities (Payment Services) Regulations 2018 (the "Regulations")** - The "Framework Contract" provides important information for the purposes of the Regulations. You can access this document at any time on www.linkcu.ie. A copy will be emailed to you in the Welcome Pack when your account has been opened. **Please tick this box to confirm you have been advised where to locate the Regulations document**

I hereby apply for membership of Link Credit Union Ltd and agree to abide by the rules of the Credit Union. The information given by me on this form is true and correct to the best of my knowledge and belief. I will promptly notify the Credit Union in writing of the details of such changes and any other relevant material/information of which I may become aware at any time after the date of this Declaration. I understand that any false or misleading information given by me in connection with this application for membership of Link Credit Union Ltd may result in termination of my membership, apart from any other legal sanctions that may apply.

Signature: _____ Print Name: _____ Date: _____

FOR CREDIT UNION USE ONLY

| Evidence of Identification: <i>(Copies must be attached)</i> | Please Tick |
|--|-------------|
| Current Valid Passport | |
| Current Valid Driving Licence | |
| Birth Certificate | |
| Other (Please Specify) | |

| Evidence of PPSN: <i>(Copies must be attached)</i> | Please Tick |
|--|-------------|
| Tax Free Allowance Certificate | |
| Payslip | |
| Official Document from Revenue | |
| Medical Card, Drugs Payment Scheme Card | |
| Other (Please Specify) | |

| Evidence of Address: <i>(Copies must be attached)</i> | Please Tick |
|---|-------------|
| Original, Recent Household Bill | |
| Statement from a Credit Institution | |
| Correspondance from a State Agency or Public Body | |
| Other (Please Specify) | |

Date application received:

Officer Signature:

Application Approved and details verified in accordance with the Standard Rules by: (Membership Committee or Membership Officer)

Signature:
*Membership Officer */ Committee **

Date:

Account opening pack emailed / posted ___ / ___ / ___
Date Initial

FORM OF NOMINATION

TO BE COMPLETED ONLY FOLLOWING ADMISSION TO MEMBERSHIP

(If you wish to nominate more than one Nominee,
please ask for the Form of Nomination for Multiple Nominees)



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: _____

to become entitled to such property in the Credit Union (whether in savings or insurances with the exception of the Death Benefit Rider, if applicable, or otherwise), not exceeding the limit of the amount for the time being authorised by law which I may have at the time of my death. The proceeds, if applicable, of the Death Benefit Rider may be applied by the credit union towards my vouched funeral/bereavement expenses and if not so applied shall be paid to the person referred to above.

Notes:

This form should be completed 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:

Name: _____ 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: _____
Witness Signature: _____ Date: _____
Print Name: _____ [The witness shall not be the nominee]
Address: _____
Occupation: _____



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 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;
- cannot instruct that your savings pass to any Credit Union Officer unless they are a member of your family;
- operates to a legal maximum (currently €23,000). 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 wish to complete a Form of Nomination, please complete the Form of Nomination attached.

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: | 10 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 |

More information at www.depositguarantee.ie

Link Credit Union Ltd. Deposit Guarantee Scheme

Depositor Information Sheet

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 the 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, New Wapping Street, North Wall Quay, Dublin 1, D01F7X3**
Tel: 1890 - 777 777
Email: info@depositguarantee.ie
Website: www.depositguarantee.ie

It will repay your eligible deposits (up to €100,000) within 15 working days until 31 December 2020; within 10 working days from 01 January 2021 until 31 December 2023; 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.

More information at
www.depositguarantee.ie