



APPLICATION FOR MEMBERSHIP

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING NEW ACCOUNTS: 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 for you: When you open an account, we will ask 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.

I/We request a membership with Securityplus Federal Credit Union, which includes a Share Savings Account, Online Banking and a Checking Account with Check Card for qualified applicants. I certify that I am eligible to become a member of the Credit Union through (list eligibility): _____

PRIMARY/ MINOR MEMBER INFORMATION (please print)

Member Number	Name (Last, First, Middle)	Date of Birth	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Mobile Phone Number	Home Phone Number	Primary ID (No./Type)	Secondary ID (No./Type)
Address (Street, City, ST & Zip)		Social Security Number (SSN)	Contact Email address
Employer Name	Position/Title	How Long?	
Employer Address	Business Phone Number	Mother's Maiden Name	

JOINT OWNER INFORMATION (please print)

#1 Existing Member Number:

#2 Existing Member Number:

Name (Last, First, Middle)	Date of Birth	Name (Last, First, Middle)	Date of Birth
Social Security Number (SSN)	Phone Number	Social Security Number (SSN)	Phone Number
Address (Street, City, ST & Zip) <input type="checkbox"/> Same as Primary Member		Address (Street, City, ST & Zip) <input type="checkbox"/> Same as Primary Member	
Primary ID (No./Type)	Secondary ID (No./Type)	Primary ID (No./Type)	Secondary ID (No./Type)
Email		Email	
Employer Name	Phone Number	Employer Name	Phone Number
Position/Title	How Long?	Position/Title	How Long?

BENEFICIARY/TRUST DESIGNATION

Beneficiary #1 Name _____	Beneficiary #2 Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Social Security Number _____	Social Security Number _____
Date of Birth _____	Date of Birth _____

Savings Acct Number _____	<input type="checkbox"/> Joint 1	<input type="checkbox"/> Joint 2	<input type="checkbox"/> POD 1	<input type="checkbox"/> POD 2
Checking Acct Number _____	<input type="checkbox"/> Joint 1	<input type="checkbox"/> Joint 2	<input type="checkbox"/> POD 1	<input type="checkbox"/> POD 2
Other Number _____	<input type="checkbox"/> Joint 1	<input type="checkbox"/> Joint 2	<input type="checkbox"/> POD 1	<input type="checkbox"/> POD 2

REVISION – This revision affects:

Primary Owner Joint Owner(s) Payable on Death/Beneficiary Other _____

Revision type:

Remove Name (attach necessary documentation) Change Name (attach necessary documentation)

Reason for Change: Marriage Legal Other, please explain _____

Check all that apply:

Standard Checking Account Power Checking Account Revive Checking Account Money Market Account

Other _____

MEMBER AGREEMENT

Please read carefully before signing. I/We by signing below apply for (1) membership, (2) joint ownership, (3) the revision above. I/we agree that the person listed as the primary owner on the account shall be the 'member' entitled to vote in the affairs of the Credit Union. Any other person signing or listed on this application shall be a 'joint' owner or beneficiary, as their name shall appear, and bound by the terms applicable to their status under applicable law, the Charter and bylaws of the Credit Union, the Member Service Agreement and other agreements and disclosures now or in the future provided by the Credit Union. I/We authorize the Credit Union to investigate my/our credit history at such times as is necessary and otherwise permitted by applicable law and to charge a fee for such investigation. I/We (member and/or joint account owner) agree that I/we have received a copy of the Member Service Agreement, this Membership Application and other disclosures and agreements applicable to our accounts and subaccounts and agree to be bound by these terms and conditions, now or in the future adopted by the Credit Union, which are incorporated by reference. I/We certify under penalty of perjury that the information provided is true, accurate and complete.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required as to citizenship and to avoid backup withholding.

Primary signature _____ Date _____

Joint 1 signature _____ Date _____

Joint 2 signature _____ Date _____

PAYABLE ON DEATH DESIGNATION

I/We understand and agree that upon the death of the last surviving owner of this account, the funds in this account shall become the property of the beneficiary(ies) listed above at the time of the last surviving owner's death, I/we understand and agree that the account is subject to the Maryland Multiple Party Account law. If more than one beneficiary is listed, the funds in the account shall belong to each beneficiary then living in equal shares. No beneficiary shall have the right to change the terms and conditions of this Agreement. In addition, if Credit Union insurance is applicable, it shall belong to the beneficiary(ies) listed here unless a separate designation has been indicated on forms accepted by the Credit Union.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under regulations of the Internal Revenue Service, I must provide you with my correct taxpayer identification number (TIN) which for individuals is my social security number. Also, Securityplus Federal Credit Union is required to withhold taxes at a rate of 28% each time you credit me with dividends or interest if my TIN is missing or incorrect. This withholding must be done until any missing or inaccurate TIN is corrected.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, and (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 that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the Internal Revenue Service 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.

Certificate Instructions: You must cross out item 2 above if you have been notified by the Internal Revenue Service 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 above and complete a W-8 BEN if you are not a U.S. person.

Signature _____ Date _____

FOR CREDIT UNION USE ONLY – APPLICATION APPROVED BY

Credit Union Representative (print name)	Date
Signature	
Branch Name	QC Persons Name