

The Southern Federal Credit Union

Membership Account Card

In order to establish your membership, please complete both pages. You must include a check or money order in the amount of \$25 with this application.

1. Member Information: Print Your Full Name [Including Middle Initial and Suffixes – Jr., Sr.,]			Member's E-Mail Address:		
Member Number:	Title of Account [If Different from 1. Above. Example: Doe Family Living Trust]:			Member SSN or TIN:	
Street Address			Apt.#		Driver's License Number
City	State	Zip Code		Date of Birth	
Mailing Address				Home Phone Number	
City	State	Zip Code		Business Phone Number	
2. I certify that I am eligible for Credit Union membership based on the following: (Please initial one of the following)					
<input type="checkbox"/> Employer					
<input type="checkbox"/> Resident Name of employer, school, church/synagogue, or family member <i>(please print)</i>					
<input type="checkbox"/> School Address					
<input type="checkbox"/> Church or Synagogue City State Zip					
<input type="checkbox"/> Credit Union Family Member					
3. Parties listed herein will be deemed <u>JOINT OWNERS</u> unless you select one of the following: <input type="checkbox"/> TRUSTEE <input type="checkbox"/> AUTHORIZED USER INFORMATION					
Name <i>(please print)</i>		Date of Birth:	Social Security Number:		Driver's License Number:
2. _____		_____	_____		_____
Address _____					
3. _____		_____	_____		_____
Address _____					
4. _____		_____	_____		_____
Address _____					

I/we hereby make application for the account(s) and/or membership as indicated and agree to conform to the Bylaws, as may be amended, of The Southern Federal Credit Union ("Credit Union"). I/we certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by any terms and conditions in this card, and in the Membership Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.** This card authorizes the Credit Union to open future subaccounts and/or services in the names of the owners or Account Title listed above. I also agree that any loans or advances I/we make with the Credit Union shall be governed by the Master Loan Agreement and Disclosures, and I/we agree to be bound by the terms thereof and acknowledge that I/we have received a copy of same. I/we hereby authorize the Credit Union to obtain credit reports and investigations as it may deem necessary to establish my accounts and loans.

CONSENT TO ELECTRONIC DISCLOSURES: If I use, apply for or access any electronic services of the Credit Union, I agree to receive disclosures electronically, and have the ability to do so, as described in "TERMS AND CONSENT APPLICABLE TO ELECTRONIC SIGNATURES" of the Membership Booklet. Accounts opened via telephonic or electronic means will rely on the signatures set forth on this card as the physical signature of the owners/authorized users of this/these accounts as applicable.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding on the reverse side of this Card. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD – NOT TO BE USED FOR IRA OR OTHER RETIREMENT PLAN ACCOUNTS.

1. Name: Address:	Relationship: _____ Beneficiary's SSN: _____ Birth date: _____
2. Name: Address:	Relationship: _____ Beneficiary's SSN: _____ Birth date: _____
This POD Designation only applies to the Account(s) Listed on the Reverse Side. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. I understand that these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.	

Password Protection: If you wish to obtain information about your accounts via the telephone, for security purposes you must provide a Password. Your password may be alpha or numeric and up to ten characters.

PASSWORD:

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION:

For U.S. Citizens and Resident Aliens: In addition to my agreement with the Credit Union, by signing on the front side of this Account Card, I certify under the penalties of perjury that: (1) The Taxpayer Identification Number (TIN) or Social Security Number (SSN) on the front side of this Card is my/the correct TIN/SSN (or that I am waiting for a number to be issued); (2) I am NOT subject to backup withholding because: (a) I am exempt, (b) I have not been notified by the IRS that I am subject to backup withholding, or (c) 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: You must cross out item (2) in the above paragraph, if you have been notified by the IRS that you are subject to backup withholding because of your failure to report all dividends and interest on your tax returns. **If you are not a U.S. person:** You must complete and provide to the Credit Union IRS Form W-8BEN, which is incorporated herein by reference. **Note: If you own the income or account jointly with one or more other persons, the income or account will be treated by the withholding agent as owned by a foreign person if Forms W-8BEN are provided by all of the owners. If the withholding agent receives a Form W-9 from any of the joint owners, the payment must be treated as made to a U.S. person.**

4. AUTHORIZED SIGNATURES: By signing below, I/we attest to our eligibility to join The Southern Federal Credit Union. Please mail completed application to the Credit Union.

1. _____ Signature _____ Date _____	3. _____ Signature _____ Date _____
2. _____ Signature _____ Date _____	4. _____ Signature _____ Date _____

CREDIT UNION NOTES:

Date: _____ By: _____ (MEMBERSHIP OFFICER)

Member Account Number: _____
To be completed by Credit Union personnel Beacon

Member/Owner/User Identification Verified by: reviewing and making a copy of the following unexpired documents: driver's license, State issued ID, US Military ID, US Passport; and/or by comparing identifying information from third party sources.

ID Source(s) Used:
 Other: _____
 Other: _____
 Other: _____

 Staff Signature _____ Date _____