

The Southern Credit Union

Membership Account Card

Member Number: _____

In order to establish your membership, please complete both sides of this card

1. Member Information: Print Your Full Name [Including Middle Initial and Suffixes – Jr., Sr.]			Member's E-Mail Address:
Title of Account (If Different from section 1 above)		Member SSN or TIN:	Driver's License Number
Street Address		Apt.#	Date of Birth
City	State	Zip Code	Primary Phone Number
Mailing Address (If Different from Street Address)			Secondary Phone Number
City	State	Zip Code	Alternate 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/Association	_____
<input type="checkbox"/>	Resident	Name of employer, school, church/synagogue, or family member (please print) _____
<input type="checkbox"/>	School	Account number of family member _____
<input type="checkbox"/>	Church or Synagogue	Address _____
<input type="checkbox"/>	Credit Union Family Member	City _____ State _____ ZIP _____

3. Parties listed herein will be deemed JOINT OWNERS unless you indicate the following (Please initial) _____ Trustee

<u>Name (Please Print):</u>	<u>Date of Birth:</u>	<u>Social Security Number:</u>	<u>Drivers License Number:</u>
1. _____	_____	_____	_____
Address: _____		Occupation: _____	
2. _____	_____	_____	_____
Address: _____		Occupation: _____	

4. eStatements: I elect to receive my periodic statement electronically (please initial) _____

** eStatement members are eligible for Bill Payment at no charge

5. Member Occupation (REQUIRED): _____

6. Password Protection (REQUIRED): For security purposes to access information about your accounts via the telephone, you must provide a password. You password may be alpha or number and up to ten characters in length.

PASSWORD:

7. AUTHORIZED SIGNATURES: BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND ON THE REVERSE SIDE OF THIS CARD

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

SEE THE REVERSE SIDE OF THIS APPLICATION FOR IMPORTANT AGREEMENTS AND CERTIFICATIONS TO US AND TO THE FEDERAL GOVERNMENT

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

1. Name:	Address:	Beneficiary's Drivers License
Relationship:	Birth Date:	Beneficiary's SSN:
2. Name:	Address:	Beneficiary's Drivers License
Relationship:	Birth Date:	Beneficiary's SSN:

This POD designation only applies to the Account listed on the Reverse Side Of This Card. I/we understand that I/we can individually or jointly withdraw the money in this account during my/our lifetime. I understand that upon the death of all account owners this account 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.

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON THE REVERSE SIDE OF THIS CARD):
 The owners intend to and hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owners obligations.

SIGNATURES, CONSENTS AND AGREEMENTS: Each applicant, authorized user or other party signing this Card, (together herein referred to as "applicant(s)") hereby makes application for membership as indicated and agrees to conform to the Bylaws, as may be amended, of The Southern Credit Union ("Credit Union"). Applicants certify the signatures(s) on the card apply to the account designated on the reverse side; and all information provided is true and correct. Applicants also acknowledge receipt and agree to be bound by any terms and conditions in this card, and in the Accounts & Services of the Credit Union 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. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s) services to others; and that we may provide the reasons should we determine to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account designated on the reverse side secure payment of any account owner's obligations to the Credit Union.** If any representative capacity is indicated on the reverse side, the Credit Union shall provide all statements notices and other information only to the person designated as having authority (e.g., a "trustee").

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 ACCOUNT(S) MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, each signing party certifies that: (1) The number shown on the reverse side is my correct taxpayer identification number, (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 (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, 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). Instructions: Cross out item 2 above if you have been notified by the IRS 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 and complete a W-8 BEN if you are not a U.S. person.

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT: 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 You for 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.

CREDIT UNION NOTES:

Member Number: _____ Opened By: _____ Open Date: _____

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

ID Source(s) Used: _____
 Drivers license/State issued ID/U.S. Military ID/U.S. Passport # and expiration date

Credit Report: _____ Credit Score: _____

OFAC Verification: _____

Account reviewed by: _____ Date: _____

Approved/Denied by: _____ Date: _____