

USA Patriot Act – Important Information About 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.

STATE DEPARTMENT FEDERAL CREDIT UNION

Membership Account Number: _____

MEMBER INFORMATION (please print)

Full Name (First/Middle/Last) <input type="checkbox"/> M <input type="checkbox"/> F		Social Security Number/Tax I.D.		
Residential Street Address (No P.O. Box except FPO/APO)	City	State	Zip	
Mailing Address (if different)	City	State	Zip	
Driver's License No.	State Issued	Date of Birth (mm/dd/yyyy)	Home Phone	Work Phone
Email Address	Homeowner's Insurance Expiration Date (mm/dd/yyyy)		Auto Insurance Expiration Date (mm/dd/yyyy)	
Employment Status: <input type="checkbox"/> Currently Employed <input type="checkbox"/> Retired		Are You A Contract Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Membership Eligibility: <input type="checkbox"/> I qualify for membership through my employer <input type="checkbox"/> I qualify for membership through my relationship with a member of SDFCU				
<input type="checkbox"/> Immediate Family — spouse, parent, child, sibling, grandparent, grandchild, stepparent, stepchild, stepsibling, or adoptive relationship				
<input type="checkbox"/> Household — persons living in the same residence maintaining a single economic unit.				
Sponsor's/Employer Name _____		Sponsor's SDFCU account number _____		Sponsor's/Employer Phone (_____) - _____ - _____

OPEN ACCOUNTS

ACCOUNT SECURITY (optional)

<input type="checkbox"/> Savings Account – We will deposit \$1.00 into your account to start you as a member.	<input type="checkbox"/> SDFCU Online Internet Access and Account24 Bank by Phone Access – Access your accounts anytime, anywhere 24/7	Please choose a password up to 10 characters <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Checking Account/Visa Debit Card – Our free, no minimum balance checking account includes unlimited check writing!	<input type="checkbox"/> Overdraft Protection – Funds transferred from your savings account when checking funds are unavailable. (Other options available.)	

A Personal Identification Number (PIN) will be issued to you for your Visa Debit Card, SDFCU Online and Account24 access.

PLEASE READ AND SIGN

By signing below, I certify in accordance with the provisions of Section 3406(a)(1)(c) of the Internal Revenue Code and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown above is my correct identification number and that I am NOT, unless checked below, subject to backup withholding because I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failing to report all interests or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Check one: (required): I am a U.S. person (including U.S. resident Alien). I am not a U.S. person (or U.S. resident Alien). I have completed IRS form W-8Ben.
Only check if either applies to you: I am subject to backup withholding. I am exempt from paying taxes.

I/We hereby make application for membership in State Department Federal Credit Union and agree that my accounts with the Credit Union are and shall be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, Overdraft Protection (if applicable), and if an Access Card or EFT Service is requested, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. In addition, I agree to be bound by all of the Credit Union's by-laws and amendments there to which may be adopted from time to time by the Credit Union. I hereby authorize the Credit Union to obtain credit reports and investigations as it may deem necessary to establish my accounts and loans. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested herein.

PRIMARY OWNER SIGNATURE

DATE

JOINT OWNER (Multiple Party with Survivorship)

Full Name (First/Middle/Last)	Social Security Number/Tax I.D.	Driver's License No.	State Issued
Mailing Address (if different than primary owner)	City	State	Zip
Date of Birth (mm/dd/yyyy)	JOINT OWNER SIGNATURE		DATE

FOR OFFICE
USE ONLY

Primary	Year	State	Record
Employee	Date	Membership Off.	Date

BRING TO ANY BRANCH LOCATION, OR MAIL TO SDFCU BRANCH SERVICES, 1630 KING STREET, ALEXANDRIA, VA 22314



1630 King Street
 Alexandria, Virginia 22314-2745
 703-706-5000 • Fax 703-684-1613

Minor's SDFCU Account #

A Membership Application **must** be completed for minor.

CUSTODIAN ACCOUNT APPLICATION

See the accompanying account agreements and disclosures booklet for Custodian Account Agreement.

INFORMATION ABOUT YOU - The Custodian

Name	Social Security Number (required)	Driver's License #/State
Home Address (No P. O. Box except APO/FPO)		Date of Birth
Home Phone	Office Phone	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Reg. No.	

As the Custodian for _____ (Minor's name) under the Virginia Uniform Transfers to Minors Act, I make application on this minor's behalf for membership in SDFCU. As the Custodian, I acknowledge that all deposited funds are made by me as an irrevocable gift, to be paid to or used for the exclusive benefit of the minor.

As the Custodian, under the Virginia Uniform Transfers to Minors Act, I designate the age of 18 or 21 (**circle one**) as the age on which I must turn over to the minor all of the funds, including accumulated dividends which remains in the account. (If no age is specified, age 18 will be assumed.)

I, the undersigned, agree to the terms and conditions of the Custodian Account Agreement as stated in the accompanying account agreements and disclosures booklet.

Custodian Signature	Date
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DESIGNATION OF SUCCESSOR CUSTODIAN (OPTIONAL)

Name	Address	Phone Number
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I hereby designate the above referenced person as successor custodian for above mentioned minor to succeed to the duties on the renunciation, death, resignation, or removal of myself as Custodian.

Transferor / Custodian Signature	Date
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