

STATE DEPARTMENT FEDERAL CREDIT UNION MEMBER APPLICATION

- New Account
- Add Joint Owner
- Change Data

*All fields required

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 Acct. No.

MEMBER INFORMATION (please print)

Full Name (First/Middle/Last) M 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

Date of Birth (mm/dd/yyyy) Home Phone Work Phone Cell Phone

Driver's License No. State Issued Date Issued Expiration Date

E-mail Address _____

Employment Status: Currently Employed Retired Are You A Contract Employee? Yes No

Employer _____ # of Years _____ Occupation _____ Income _____

Monthly housing payment: \$ _____ Occupancy Status: Buying/Own with Mortgage Rent Occupancy Duration: yr(s) _____ months _____

Prior Address (if at address less than 2 years) Street City State Zip

Prior Employer (if at employer for less than 2 years) _____ # of Years _____ Occupation _____ Income _____

I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Only check if either applies to you: I am subject to backup withholding. I am exempt from paying taxes.

Membership Eligibility: I qualify for membership through my employer/association I qualify for membership through my relationship with a member of SDFCU
 Immediate Family — spouse, parent, child, sibling, grandparent, grandchild, stepparent, stepchild, stepsibling or adoptive relationship
 Household — persons living in the same residence maintaining a single economic unit
 ACC — The American Consumer Council provides membership eligibility to SDFCU and ACC. I am currently a member of ACC or agree to become a member in order to join SDFCU.

Sponsor's/Employer Name _____ Sponsor's SDFCU acct. no. _____ Sponsor's/Employer Phone (____) _____ - _____

How did you hear about SDFCU?

Co-worker My Employer Event Friend Search Mail Metro/VRE Mobile Ad Radio Web Ad Other _____

Promo Code (if applicable): _____

OPEN ACCOUNTS

- Savings Account** — We will deposit \$1.00 into your account to start you as a member.
- Overdraft Protection** — Funds transferred from your savings account when checking funds are unavailable. (Other options available.)
- Free E-statements**

Please choose only one checking account.

- Basic Checking** — Free, no minimum balance checking
 Free Debit Card
- Advantage Checking** — \$2,000 minimum balance interest checking*
 Free Debit Card
- Privilege Checking** — \$25,000 minimum balance, high-rate interest checking*
 Free Debit Card

ACCOUNT SECURITY

Create a password for telephone identification purposes. Must be a minimum of six characters and a maximum of nine characters.

■ ■ ■ ■ ■ ■ ■ ■ ■ ■

* Personal Accounts Only. Interest calculated daily. Minimum \$200 Direct Deposit monthly. Must be signed up for online banking and e-statements.
Please Note: Advantage Accounts are required to have ten posted debit card transactions monthly.

JOINT OWNER (Multiple Party with Survivorship)

Full Name (First/Middle/Last) M 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

Date of Birth (mm/dd/yyyy) Home Phone Work Phone Cell Phone

Driver's License No. State Issued Date Issued Expiration Date

E-mail Address _____

Employment Status: Currently Employed Retired Are You A Contract Employee? Yes No

Employer _____ # of Years _____ Occupation _____ Income _____

JOINT OWNER CONTINUED (Multiple Party with Survivorship)Monthly housing payment: \$ _____ Occupancy Status: Buying/Own with Mortgage Rent Occupancy Duration: yr(s) _____ months _____

Prior Address (if at address less than 2 years) Street _____ City _____ State _____ Zip _____

Prior Employer (if at employer for less than 2 years) _____ # of Years _____ Occupation _____ Income _____

I am a: U.S. Citizen Permanent Resident Alien Non Resident AlienOnly check if either applies to you: I am subject to backup withholding. I am exempt from paying taxes.**MEMBER DUE DILIGENCE QUESTIONS**

What is the primary source of deposit to the account?

- A. Employment Income
 B. Retirement/Social Security
 C. Investment income
 D. Cash
 E. Other - Please Specify: _____

Do you expect to make or receive wire transfers?

- A. Yes
 B. No

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, 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.

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 a Debit 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.

Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.

PRIMARY OWNER SIGNATURE _____

DATE _____

JOINT OWNER SIGNATURE _____

DATE _____

A Membership Application must be completed for minor. See the accompanying account agreements and a disclosure booklet for Custodian Account Agreement.

Minor's SDFCU Acct. No. _____

CUSTODIAN ACCOUNT APPLICATION (please print)

Custodian Full Name (First/Middle/Last) _____ Social Security Number/Tax I.D. (required) _____

Driver's License No. _____ State Issued _____ Date Issued _____ Expiration Date _____

Residential Street Address (No P.O. Box except FPO/APO) _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Date of Birth (mm/dd/yyyy) _____ Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

U.S. Citizen? Yes 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 remain 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 _____

DESIGNATION OF SUCCESSOR CUSTODIAN (OPTIONAL)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

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 _____

FOR OFFICE
USE ONLY

Employee

Date

Membership Off.

Date