

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 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.

I/We are asking the Securityplus FCU to approve my/our request for:

INDIVIDUAL OWNERSHIP

JOINT OWNERSHIP

NAME CHANGE/OTHER REVISION (See Page Two)

Account Number	Name (Please Print)	Mother's Maiden Name
Street Address		SSN or Tax I.D. of Applicant
City	State	Zip Code
Employer/Agency		Business Address
Date of Birth		Home Phone No.
Work Phone No.		
Email Address		

MEMBERSHIP ELIGIBILITY: (Check and Complete Appropriate Box)
 I am eligible for membership in the Securityplus Federal Credit Union because:

- I am employed by an eligible sponsor group (primary member).
 _____ (Company Name and Location where employed)
- I am a family*/household** member of a primary member.
 _____ (Name of member / Account Number)
- I am a family*/household** member of someone who is eligible to join the Securityplus Federal Credit Union through sponsor group affiliation.
 _____ (Name of member / Name of sponsor group where they are employed)
- I live, work, worship, or attend school in the underserved area of the city of Baltimore (circle selection).
 _____ (Name and Address of Employer, School or Place of Worship)
- I am a family*/household member of someone who lives, works, worships or attends school in the underserved area of the city of Baltimore (circle selection).
 _____ (Name and Address of Employer, School or Place of Worship)

**Family member includes spouse, parent, grandparent, child, grandchild, brother, sister, stepchildren, stepsiblings, and adoptive relationships of a member or someone employed by a sponsor company of the Securityplus Federal Credit Union. **Household member includes persons living in the same residence maintaining a single economic unit.*

MEMBER AGREEMENT

I/We by signing below, apply for (1) membership, (2) joint ownership, (3) the change indicated in the Securityplus Federal Credit Union (Credit Union or Securityplus FCU). I/we agree that the person listed as primary on the books of the Credit Union 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 sub-accounts 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.

SIGNED: MEMBER/APPLICANT _____

DATE _____

JOINT OWNER(S)

I/We (joint account owner(s)) agree that we have received a copy of the Member Service Agreement, this Membership Application, and other disclosures and agreements applicable to our accounts and sub-accounts 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.

PRINT NAME	ADDRESS/PHONE NO.	
SIGNATURE	SOCIAL SECURITY NO.	DATE OF BIRTH
PRINT NAME	ADDRESS/PHONE NO.	
SIGNATURE	SOCIAL SECURITY NO.	DATE OF BIRTH

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 below who are 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 her unless a separate designation has been indicated on forms accepted by the Credit Union.

PRINT NAME	ADDRESS/PHONE NO.	
RELATION TO OWNER	TAX IDENTIFICATION NO.	DATE OF BIRTH

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 20% 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 a 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).I

(Certificate Instructions: You must 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).

SIGNED: MEMBER/APPLICANT _____ DATE _____

DOCUMENTARY IDENTIFICATION

Primary:	Driver's License Number _____	State _____	Exp. Date _____
	Student ID No./Name _____	School /Address _____	
	Passport No. _____	Country _____	Exp. Date _____
	Employee Badge ID No. _____	Employer _____	
Joint 1:	Driver's License Number _____	State _____	Exp. Date _____
	Student ID No./Name _____	School /Address _____	
	Passport No. _____	Country _____	Exp. Date _____
	Employee Badge ID No. _____	Employer _____	

REVISION – This Revision affects:

Primary
 Joint Ow ner(s)
 POD/Beneficiary
 Other _____

REVISION TYPE:

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

Reason for change is:
 Marriage
 Legal
 Other, please explain

Last Name	First Name	Middle Initial
Social Security No.	Date of Birth	

APPLICATION APPROVED BY:

MEMBERSHIP OFFICER (print name)	DATE
MEMBERSHIP OFFICER SIGNATURE	

Checks Systems Verification By: _____ Date: _____	Phone Verification By: _____
Employment, school, church, residence address verified by: _____	Date: _____
Date: _____	

