

# MEMBERSHIP AND ACCOUNT APPLICATION



Please print all information

**For Credit Union Use Only:** Member Account Number \_\_\_\_\_

<b>1. Accounts and Services</b>	<b>Accounts</b>	<b>Services</b>
	<input type="checkbox"/> Savings \$ _____ (\$5 minimum) <input type="checkbox"/> Money Musketeers® Savings \$ _____ (\$5 minimum) <small>(Ages 12 and under - joint signature required)</small> <input type="checkbox"/> Dinero Teens <sup>SM</sup> Savings \$ _____ (\$5 minimum) <small>(Ages 13 to 17 - joint signature required)</small> <input type="checkbox"/> Checking \$ _____ (\$25 minimum) <input type="checkbox"/> Advancial <input type="checkbox"/> Access <input type="checkbox"/> Award <input type="checkbox"/> Dinero <input type="checkbox"/> Money Market \$ _____ (\$2,500 to open) <input type="checkbox"/> _____ \$ _____	<input type="checkbox"/> Check/ATM Card PIN _____ <input type="checkbox"/> Additional Check/ATM Card PIN _____ Name to appear on additional Check/ATM Card _____ <input type="checkbox"/> Online Banking/Audio Response PIN _____ Access Account Numbers _____ <input type="checkbox"/> Check Clear® Courtesy Overdraft Privilege

<b>2. Member Information</b>	Name (First, Middle, Last) 1. _____		If DBA, Company or Association Name 2. _____		
	Mailing Address 3. _____		City 4. _____	State 5. _____	Zip 6. _____
	Employer's Name 7. _____		Employer Address 8. _____		City 9. _____
	Home Phone 12. (____) _____		Work Phone 13. (____) _____		Email Address 14. _____
	Social Security Number 15. _____		Driver's License Number/State 16. _____		Date of Birth 17. _____
					Password 18. _____

<b>3. Eligibility</b>	I am eligible for membership in Advancial Federal Credit Union:		
	19. <input type="checkbox"/> Through my employer/association		20. <input type="checkbox"/> Through a family member
Employer's/Association's Name _____		Family Member's Name _____	
Account Number (if available) _____			

<b>4. TIN Certification</b>	Under penalties of perjury, by signing below, I certify that (1) the number shown on this application is my correct tax payer identification number and (2) that unless otherwise designated, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. <input type="checkbox"/> I am subject to backup withholding
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<b>5. Joint Owner Information</b> <small>Designates ownership in all sub-accounts within this membership number except IRAs.</small>	Name (First, Middle, Last) 21. _____		Home Phone 22. (____) _____		
	Mailing Address 23. _____		City 24. _____	State 25. _____	Zip 26. _____
	Social Security Number 27. _____		Driver's License Number/State 28. _____		Date of Birth 29. _____
	Name (First, Middle, Last) 30. _____		Home Phone 31. (____) _____		
	Mailing Address 32. _____		City 33. _____	State 34. _____	Zip 35. _____
	Social Security Number 36. _____		Driver's License Number/State 37. _____		Date of Birth 38. _____

<b>6. Transfer to Minor Account</b>	Joint owners are not allowed on Uniform Transfer to Minor Account. The above named member is custodian for the minor indicated below under the Uniform Transfer to Minors Act.		
39. _____ Minor's Name (First, Middle, Last)		40. _____ Social Security Number	41. _____ Date of Birth

<b>7. Payable on Death Designation</b> <small>All beneficiaries share equally.</small>	42. _____ Beneficiary Name (First, Middle, Last)		43. _____ Social Security Number		44. _____ Date of Birth	
	45. _____ Beneficiary Name (First, Middle, Last)		46. _____ Social Security Number		47. _____ Date of Birth	

<b>8. Signatures</b>  <small>Please include a photocopy of a government issued I.D. (driver's license, passport, etc.)</small>	By signing, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Account Agreement and Disclosures applicable to the account(s).					
	48. _____ Member Signature		49. _____ Date			
	50. _____ Joint Owner Signature		51. _____ Date			
	52. _____ Joint Owner Signature		53. _____ Date			

<b>Credit Union Use Only</b>	Member Account Number _____		Joint Account (1) Number _____		Joint Account (2) Number _____	
	Verifications: <input type="checkbox"/> Employer <input type="checkbox"/> Account <input type="checkbox"/> Checks Ordered <input type="checkbox"/> Check/ATM Card Ordered <input type="checkbox"/> Chex Systems					
	Opened by _____			Teller Number _____		Date _____

To complete the membership application:

**Accounts and Services.** Check the type(s) of account(s) you want to open, including “Savings” which is required before you open any other account or service. Provide the amount of your deposit to each type of account. If you request “Home Banking/Audio Response,” you can request authorization to transfer funds to other account numbers. Please write those additional account numbers on the line labeled “Access Account Numbers.” There is also a space where you can request more than one Check/ATM Card.

**Member Information.** Please print all requested information. You are asked to indicate a password in order to provide added security to your account when you make telephone service requests. We recommend you choose a password that is unique and not easily associated with you.

**Eligibility.** To join Advancial Federal Credit Union you must meet the membership eligibility requirements through a sponsor group or family member as set forth in the Credit Union’s Bylaws.

**TIN Certification.** The IRS requires that the Credit Union certify that you are not subject to backup withholding.

**Signatures.** Your legal signature in this section establishes your account(s) with the Credit Union. If you designate a joint owner on your account, his/her signature is also required. To ensure security of your information, please include a photocopy of a government issued I.D. (driver’s license, passport, etc.) to verify each signature in this section. Advancial complies with federal requirements by requesting identification of new members.

Return the application\* with at least a \$5.00 deposit into a Savings Account to your branch or mail to:

Advancial Federal Credit Union  
ATTN: Member Service Center  
1845 Woodall Rodgers Fwy., Ste 1300  
Dallas, TX 75201-2260

The remainder of the application allows you to give us optional instructions about your account. Please refer to your Account Agreement for the terms and conditions applicable to each of the following options.

**Joint Owner.** You may designate a joint owner(s) for your account. Please note that designating a joint owner gives the individual(s) access to all of your deposits with Advancial except an Individual Retirement Account (IRA) and that the joint owner’s notarized signature is required to remove the joint owner from your account. All Kids and Teen account types require a joint owner.

**Transfer to Minor Account.** This section should not be completed with your original application for membership. Use a separate application to establish a “Uniform Gift To Minor” Account with the Credit Union. A Transfer to Minor Account cannot designate joint ownership. Discuss your decision with your tax professional first.

**Payable on Death (P.O.D.) Designation.** You may designate a P.O.D. beneficiary on your account(s). A P.O.D. will aid in expediting distribution of your deposits to your beneficiaries. If you designate joint owners as well as a P.O.D. on an account, joint ownership will take precedence over the P.O.D. Please note that a P.O.D. does not replace a will.

\* If you return both copies of this application to us, we will return your copy (yellow) with your new account number on it (at bottom, in “Credit Union Use Only” section). Keep your copy with other important papers. In the event of your death, the Credit Union will make due effort to locate beneficiaries and/or joint owners but we cannot guarantee our success.