

**ACCLAIM Federal Credit Union
Membership Services Application**

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|---|--|--------------------------------|
| FULL LEGAL NAME | DATE OF BIRTH | SSN/TIN |
| MAILING ADDRESS | HOME PHONE | WORK PHONE |
| CITY/STATE/ZIP | +4 | CELL PHONE |
| STREET ADDRESS (if PO Box above) | E-MAIL ADDRESS* | |
| IF VF EMPLOYEE: LIST VF COALITION AND LOCATION EX: VF JEANSWEAR – CHURCH COURT | OR IF NOT EMPLOYEE, NAME OF VF RELATIVE | RELATIONSHIP TO VF EMPLOYEE |

*If you do not want to receive e-mail news and special offers from us, check here()

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|---|---------------|--|
| ACCOUNT TYPES REQUESTED: | <u>Amount</u> | SERVICES REQUESTED: |
| <input type="checkbox"/> Savings (required to join) | ===== | <input type="checkbox"/> ATM Card (w/savings only) |
| <input type="checkbox"/> FREE Checking | ===== | <input type="checkbox"/> FREE Debit Card (w/checking only) |
| <input type="checkbox"/> Holiday Club | ===== | <input type="checkbox"/> FREE Online access & e-statements |
| <input type="checkbox"/> Vacation Club | ===== | <input type="checkbox"/> Bill Payment service (one-time enrollment fee) |
| <input type="checkbox"/> Individual Retirement Acct (IRA) | ===== | <input type="checkbox"/> FREE box of checks (complete order form) |
| <input type="checkbox"/> Certificate(s) TERM _____ | ===== | <input type="checkbox"/> FREE Payroll Deduction/Direct Deposit (CIRCLE ONE) |
| <input type="checkbox"/> Kids/Teen Account | ===== | <input type="checkbox"/> Overdraft Line of Credit loan (w/checking only) |
| <input type="checkbox"/> Other: _____ | ===== | <input type="checkbox"/> Other: _____ |

I AM ADDING THE FOLLOWING JOINT OWNER: (copy of Driver's License required)

| | | |
|--|---------------|------------|
| JOINT OWNER (WITH RIGHT OF SURVIVORSHIP) | Date of Birth | SSN/TIN |
| MAILING ADDRESS | EMAIL ADDRESS | |
| RELATIONSHIP TO MEMBER | WORK PHONE | HOME PHONE |

I AM DESIGNATING A PAYABLE ON DEATH (POD) BENEFICIARY:

| | | | |
|-----------------------|--------------|---------------|------------|
| BENEFICIARY/POD PAYEE | RELATIONSHIP | DATE OF BIRTH | SSN |
| ADDRESS, CITY, ST ZIP | HOME PHONE | WORK PHONE | CELL PHONE |

**For Additional Joint Owners or Beneficiaries, contact our office.
Continued on Reverse Side**

NEW ACCOUNT IDENTIFICATION – REQUIRED TO OPEN ANY ACCOUNT

WE MUST BE ABLE TO VERIFY YOUR ADDRESS! Please include a copy of one of the following acceptable forms of identification for yourself **AND** your joint owner(s):

Your street address must be verified by one of these IDs or contact our office for assistance.

- Valid State Driver's License#/Exp.Date
- United States Passport
- Armed Forces ID Card (DD Form 2)
- Federal Employee ID or Badge
- Alien Registration Receipt Card
- _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Instructions: Cross out number (2) if you are subject to backup withholding.

Cross out (3) if you are not a U.S. citizen and complete a W-8BEN.

Under penalties of perjury, I certify that:

- (1) The number shown on this form 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).**

AUTHORIZATION

I/we understand that by signing this agreement, I/we agree to the terms and conditions of the Membership and Account Agreement, the Truth-In-Savings Disclosure, and the Rates & Fees Listing which either accompanies this application or will be provided within 30 days of opening the account(s). If an access card or electronic funds transfer service is requested and provided, I/we agree to the terms of the Electronic Funds Transfer Agreement and Disclosure which either accompanies this agreement or will be provided within 30 days of opening the account(s). I/we understand that if I/we do not receive the Disclosures within 30 days, I/we can rescind this agreement by notifying the Credit Union in writing within 45 days of the date below.

SIGNATURE

DATE

JOINT OWNER SIGNATURE

DATE

FOR CREDIT UNION USE ONLY:

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|-------|------------------|-------------|------------|------------|--------------|
| USER2 | TELECHK RESPONSE | OFAC CK BY: | OPENED BY: | OPEN DATE: | REVIEWED BY: |
|-------|------------------|-------------|------------|------------|--------------|