

Membership/Loan Application

Requested Accounts (Check the box next to each product you are interested in)

Share Products:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Share Savings (\$5 Minimum Deposit) | <input type="checkbox"/> Youth Checking |
| <input type="checkbox"/> Club Account: Acct.Name _____ | <input type="checkbox"/> Youth Savings |
| <input type="checkbox"/> Standard Checking | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Legacy Checking | <input type="checkbox"/> Legacy Money Market |
| <input type="checkbox"/> High-Yield Checking | <input type="checkbox"/> Share Certificate: Term _____ |
| <input type="checkbox"/> ATM Rebate Checking | <input type="checkbox"/> IRA (Requires additional paperwork. Our IRA specialist will contact you) |
| <input type="checkbox"/> Debit Card Rewards Checking | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Student Checking | |

Loan Products:

- | | |
|--|---|
| <input type="checkbox"/> VISA® Signature | <input type="checkbox"/> Personal Loan |
| <input type="checkbox"/> VISA Platinum | <input type="checkbox"/> Motorcycle/Boat Loan |
| <input type="checkbox"/> VISA Gold | <input type="checkbox"/> Auto Loan |
| <input type="checkbox"/> VISA Classic | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Student VISA | <input type="checkbox"/> Mortgage |
| <input type="checkbox"/> Share Secured VISA | <input type="checkbox"/> Home Equity |
| <input type="checkbox"/> First Start VISA | <input type="checkbox"/> Line of Credit |
| <input type="checkbox"/> Affinity Visa: Group Name _____ | <input type="checkbox"/> _____ |

Designate Ownership of the Accounts

- Individual With Survivorship Without Survivorship

Individual: Upon your death, the account passes as part of your estate under your last will and testament, trust, or by intestacy. If selected, do not complete the joint ownership section.

Joint account with Survivorship: Upon the death of a party having ownership in the account, the deceased party's ownership passes to the surviving party (ies) of the account.

Joint Account without Survivorship: Upon the death of a party having ownership in the account, the deceased party's ownership is considered part of the decedent's estate under the decedent's last will and testament, trust, or by intestacy.

How Do You Plan on Using your New Account (Required)

Will you deposit or write checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you deposit or withdraw cash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , approximately how much cash do you expect to deposit each month?	<input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$1,001 - \$3,000 <input type="checkbox"/> \$3,001 - \$5,000	<input type="checkbox"/> \$5,001 - \$10,000 <input type="checkbox"/> \$10,000+
If YES , approximately how much cash do you expect to withdraw each month?	<input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$1,001 - \$3,000 <input type="checkbox"/> \$3,001 - \$5,000	<input type="checkbox"/> \$5,001 - \$10,000 <input type="checkbox"/> \$10,000+
Will you send or receive wire transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , what is the expected monthly total of wire transactions you expect to send ?	<input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$1,001 - \$3,000 <input type="checkbox"/> \$3,001 - \$5,000	<input type="checkbox"/> \$5,001 - \$10,000 <input type="checkbox"/> \$10,000+
If YES , what is the expected monthly total of wire transactions you expect to receive ?	<input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$1,001 - \$3,000 <input type="checkbox"/> \$3,001 - \$5,000	<input type="checkbox"/> \$5,001 - \$10,000 <input type="checkbox"/> \$10,000+
Will these wires be sent to or received from non-US locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you send or receive electronic (non-wire) transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , what is the expected monthly total of electronic transactions you expect to send ?	<input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$1,001 - \$3,000 <input type="checkbox"/> \$3,001 - \$5,000	<input type="checkbox"/> \$5,001 - \$10,000 <input type="checkbox"/> \$10,000+
If YES , what is the expected monthly total of electronic transactions you expect to receive ?	<input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$1,001 - \$3,000 <input type="checkbox"/> \$3,001 - \$5,000	<input type="checkbox"/> \$5,001 - \$10,000 <input type="checkbox"/> \$10,000+
Will these wires be sent to or received from non-US locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Member Information

Member Name _____	Joint Owner Name _____
Mailing Address _____	Mailing Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Physical Address _____	Physical Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Cell Phone _____ - _____ - _____ Alt. Phone _____ - _____ - _____	Cell Phone _____ - _____ - _____ Alt. Phone _____ - _____ - _____
Email _____	Email _____
<input type="checkbox"/> I certify that I am a Citizen or Permanent Resident of the United States	<input type="checkbox"/> I certify that I am a Citizen or Permanent Resident of the United States
SSN/TIN _____ - _____ - _____ DOB _____ / _____ / _____	SSN/TIN _____ - _____ - _____ DOB _____ / _____ / _____
License # or State ID # _____ State _____	License # or State ID # _____ State _____
Issued By _____ Issue Date ____ / ____ / ____ Exp. Date ____ / ____ / ____	Issued By _____ Issue Date ____ / ____ / ____ Exp. Date ____ / ____ / ____
Mother's Maiden Name _____	Mother's Maiden Name _____
<input type="checkbox"/> I am Active Military or Spouse or Dependent of someone who is Active Military	<input type="checkbox"/> I am Active Military or Spouse or Dependent of someone who is Active Military
Employment Status _____ Employer _____	Employment Status _____ Employer _____
Profession/Job Title _____ Gross Monthly Income (before tax) _____	Profession/Job Title _____ Gross Monthly Income (before tax) _____
Employment Duration _____ Own/Rent _____	Employment Duration _____ Own/Rent _____
Mortgage/Rent Payment _____ Years at Residence _____	Mortgage/Rent Payment _____ Years at Residence _____



Federally insured
by NCUA

Membership/Loan Application

Beneficiary #1	Beneficiary #2 <small>(Additional Beneficiaries can be added on a separate sheet of paper)</small>
Name _____ DOB ____/____/____	Name _____ DOB ____/____/____
Percent of Beneficiary _____ SSN/TIN (optional) _____-____-____	Percent of Beneficiary _____ SSN/TIN (optional) _____-____-____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Email _____	Email _____

Funding

A \$5 minimum deposit is required on all new memberships. You may include a check made payable to Signature FCU, or you may provide a credit/debit card number for processing.

I have included a check of at least \$5 made payable to Signature FCU
 Please charge my credit/debit card and post the funds to my new account in the amount of \$_____

Credit/Debit Card # _____-____-____-____ Expiration Date ____/____ CVV# _____

I would like to receive notifications by email/text message. **Opt Out**

*A legible copy of a government issued ID is required for all account signers 18 years or older; Minors must provide their birth certificate. You can upload a copy at www.SignatureFCU.org/upload or email to: newaccounts@signaturefcu.org. You also may mail a copy along with this application.

If you have a credit freeze on your credit file, please check this box

If checked, a Signature Federal Credit Union Representative will contact you upon receipt of your Membership Application so you can remove your credit freeze and complete the enrollment process.

Credit Union Routing Number: 254074934

Under penalty of perjury, I certify that (1) the tax identification number (social security number) shown on this form is my correct taxpayer identification number and (2) I am not subject to back up withholding as a result of failure to report all interest or dividends to (3) the IRS has notified me that I am no longer subject to backup withholding.

Check this box if you are subject to backup withholding tax.

USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, Federal laws require 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 you for your name, address, date of birth, driver's license or other identifying documents, and other information that will allow us to identify you.

Open-End Account Disclosure - VISA Interest Rates	
Annual Percentage Rate (APR) for purchases, cash advances, balance transfers and convenience checks	VISA Signature 8.70%
	VISA Platinum 8.90% - 14.90%
	VISA Gold 10.90% - 16.90%
	VISA Classic 11.90% - 17.90%
	VISA Student 7.99% - 13.99%
	APR when you open your account is based on your credit worthiness¹
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
Minimum Interest Charge	None
For Credit Card Card Tips from the Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore.

Fees

Annual Fee	None
Transaction Fees	None
Penalty Fees	<ul style="list-style-type: none"> • Late Payment Up to \$30 • Over-the-Credit Limit Up to \$25 • Returned Payment Up to \$30

How We Will Calculate Your Balance: We use a method called "Average Daily Balance (including new purchases)." See your account agreement for more details.

¹APR = Annual Percentage Rate. Your actual APR will be determined at the time of application and will be based on your application and credit information. Not all applicants will qualify for the lowest rate. Rates are set by the Board of Directors and may change without notice.

Membership/Loan Application

Signatures

I hereby make application for membership in and agree to conform to the bylaws as amended of the Signature Federal Credit Union. By signing below, I hereby authorize the Credit Union to pull a credit report for the purpose of obtaining credit. Complete account disclosures will be mailed upon account approval. All new account information will be verified. **Your accounts at Signature Federal Credit Union are federally insured up to \$250,000 by the National Credit Union Administration (NCUA).**

If this is an application for Joint Credit, Borrower and Co-Borrower each agree that they intend to apply for joint credit.

Member Signature _____ Date ____/____/____

Joint Owner Signature _____ Date ____/____/____

