

Membership Application

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Requested Accounts

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

SHARE PRODUCTS:

☒ Share Savings (\$5 Minimum Deposit)

☐ Club Account: Account Name: _____

☐ Standard Checking

☐ Signature Cash Back Checking w Signature High-Yield Savings Bundle

☐ Signature High-Yield Checking w Signature High-Yield Savings Bundle

☐ Student Checking

☐ Youth Checking

☐ Premium Savings

☐ Money Market

☐ Share Certificate: Term _____

☐ IRA (requires additional paperwork. Our IRA specialist will contact you)

☐ _____

LOAN PRODUCTS:

☐ VISA® Signature

☐ VISA® Platinum

☐ VISA® Classic

☐ Student VISA®

☐ Share Secured VISA®

☐ First Start VISA®

☐ Affinity VISA®: Org. Name _____

☐ Personal Loan

☐ Motorcycle/Boat Loan

☐ Auto Loan

☐ Student Loan

☐ Mortgage

☐ Home Equity

☐ Line of Credit

☐ _____

Loan Amount Requested: _____

Term of the Loan Requested: _____

Designate Ownership of the Accounts

☐ Individual

☐ With Survivorship

☐ Without Survivorship

☐ Power of Attorney

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.

Power of Attorney:

The authority to act for another person in specified or all legal or financial matters.

Member Information

Member Name		DOB (MM/DD/YY)		SSN/TIN	
Mailing Address		City		State	ZIP
Physical Address		City		State	ZIP
Primary Phone Number		Alternate Phone Number			
Email		Mother's Maiden Name			
License # or State ID #	State Issued	Issue Date (MM/DD/YY)		Exp. Date (MM/DD/YY)	

☐ I certify that I am a citizen or permanent resident of the United States of America.

☐ I am active military or the spouse or dependent of someone who is active military.

Employment Status			Employer
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self-Employed	
Profession/Job Title	Gross Monthly Income	Employment Duration	Additional Income*
Description of Additional Income	What is your residence status?		Mortgage/Rent Payment
	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Living with Others
If "Living with Others", do you pay a monthly contribution?		If "Own", what is the value?	At Address Since (MM/DD/YY)

*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.



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Joint Member <u>OR</u> Power of Attorney Information					
Name		DOB (MM/DD/YY)	SSN/TIN		
Mailing Address		City	State		ZIP
Physical Address		City	State	ZIP	
Primary Phone Number		Alternate Phone Number			
Email		Mother's Maiden Name			
License # or State ID #	State Issued	Issue Date (MM/DD/YY)	Exp. Date (MM/DD/YY)		
<input type="checkbox"/> I certify that I am a citizen or permanent resident of the United States of America.					
<input type="checkbox"/> I am active military or the spouse or dependent of someone who is active military.					
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed			Employer		
Profession/Job Title	Gross Monthly Income	Employment Duration	Additional Income*		
Description of Additional Income	What is your residence status? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Others		Mortgage/Rent Payment		
If "Living with Others", do you pay a monthly contribution?		If "Own", what is the value?	At Address Since (MM/DD/YY)		

*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Beneficiary #1			Beneficiary #2				
Name		% of Beneficiary	Name		% of Beneficiary		
DOB (MM/DD/YY)		SSN/TIN (Optional)	DOB (MM/DD/YY)		SSN/TIN (Optional)		
Street Address			Street 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.	
<input type="checkbox"/> I have included a check of at least \$5 made payable to Signature FCU	
<input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/>	
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 backup 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.	
<input type="checkbox"/> 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 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.	



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Open-End Account Disclosure - VISA® Interest Rates		
Annual Percentage Rate (APR) for purchases, cash advances, balance transfers and convenience checks.	VISA Signature	13.50% - 16.50% APR
	VISA Platinum	12.99% - 18.00% APR
	VISA Classic	13.99% - 18.00% APR
	VISA Student	11.99% - 18.00% APR
	APR when you open your account is based on your credit worthiness ¹	
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	
Credit 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 PaymentOver-the-Credit LimitReturned Payment	Up to \$30 Up to \$25 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.		
<small>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.</small>		

Signatures					
<p>I hereby make application for membership in SFCU and agree to conform to the bylaws, policies and rules as amended of the Signature Federal Credit Union. All accounts will be subject to Federal law. By signing this application, I acknowledge receipt of and agree to the terms, conditions, rates, and fees established by the Credit Union for the type of account being opened as stated in the Credit Union's New Membership Account Disclosure, Online Branch Disclosure, Funds Availability Policy, and Fee Schedule disclosures as amended from time to time.</p> <p>By signing below, I hereby authorize the Credit Union to pull a soft credit report for the purpose of membership and possible obtaining of credit. I hereby authorize the Credit Union to pull a credit report for the purpose of sending a Visa credit card that I qualify for.</p> <p><input type="checkbox"/> Opt-out of receiving a VISA Credit Card</p> <p>I understand that for loan eligibility purposes, I may be asked to submit additional proof of income. I understand Signature Federal Credit Union may need to verify this information or contact my employer by phone. I authorize my employer to release information to Signature Federal Credit Union when requested.</p> <p>Please select how you would like to receive your statements. Please note, if no selection is made, you will be automatically enrolled in eStatements:</p> <p><input type="checkbox"/> eStatements <input type="checkbox"/> Paper Statements (\$2.00 Monthly Fee)</p> <p>Complete account disclosures will be mailed upon account approval. All new account information will be verified. Your deposit accounts at Signature Federal Credit Union are federally insured up to \$250,000 by the National Credit Union Administration (NCUA).</p> <p><i>If this is an application for Joint Credit, Borrower and Co-Borrower each agree that they intend to apply for joint credit.</i></p> <table><tr><td>Member Signature</td><td>Date (MM/DD/YY)</td></tr><tr><td>Joint Member or Power of Attorney Signature</td><td>Date (MM/DD/YY)</td></tr></table>		Member Signature	Date (MM/DD/YY)	Joint Member or Power of Attorney Signature	Date (MM/DD/YY)
Member Signature	Date (MM/DD/YY)				
Joint Member or Power of Attorney Signature	Date (MM/DD/YY)				

To ensure your application is complete for processing, please make sure you've completed the following:			
<input type="checkbox"/> Completed the <i>Funding</i> section (Page 2)			
<input type="checkbox"/> Legible copy of Driver's license (or Military or State ID)			
<input type="checkbox"/> Proof of employment at indicated employer (i.e. work ID, recent paystub)			
<input type="checkbox"/> Proof of residency (i.e. utility bill)			
You can submit your application by email at newaccounts@signaturefcu.org or by mail at:			
Signature Federal Credit Union, Attn: New Accounts, PO Box 148, Alexandria, VA 22313-0148			
SFCU Use Only			MEMBER #
Application Received <input type="checkbox"/> In person <input type="checkbox"/> By mail	Date Account Opened	Account Opened By (Employee Initials)	Status <input type="checkbox"/> Open <input type="checkbox"/> Update
Workplace ID Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License, Military/State Issued ID Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No	ID/Application Address Match <input type="checkbox"/> Yes <input type="checkbox"/> No



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