

Membership Application

Page 1

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"/> Premium Savings |
| <input type="checkbox"/> Club Account: Account Name: _____ | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Signature Cash Back Checking w Signature High-Yield Savings Bundle | <input type="checkbox"/> Share Certificate: Term _____ |
| <input type="checkbox"/> Signature High-Yield Checking w Signature High-Yield Savings Bundle | <input type="checkbox"/> IRA (requires additional paperwork. Our IRA specialist will contact you) |
| <input type="checkbox"/> Student Checking | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Youth 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® Classic | <input type="checkbox"/> Auto Loan |
| <input type="checkbox"/> Student VISA® | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Share Secured VISA® | <input type="checkbox"/> Mortgage |
| <input type="checkbox"/> First Start VISA® | <input type="checkbox"/> Home Equity |
| <input type="checkbox"/> Affinity VISA®: Org. Name _____ | <input type="checkbox"/> Line of Credit |
| | <input type="checkbox"/> _____ |

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) | | |
| <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.



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Membership Application

Page 2

Joint Member OR 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? | | 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.

Beneficiary #1

Beneficiary #2

| | | | | | |
|----------------|--|--------------------|------------------|--------------------|--|
| Name | | | % of Beneficiary | | |
| DOB (MM/DD/YY) | | SSN/TIN (Optional) | | Name | |
| Street Address | | DOB (MM/DD/YY) | | SSN/TIN (Optional) | |
| City | | | Street Address | | |
| State | | ZIP | | City | |
| Email | | 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 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.

- 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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Membership Application

Page 3

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 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 | |
| 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 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. | | |
| <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

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.

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.

Opt-out of receiving a VISA Credit Card

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.

Please select how you would like to receive your statements. Please note, if no selection is made, you will be automatically enrolled in eStatements:

eStatements Paper Statements (\$5.00 Monthly Fee)

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).**

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 (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:

- Completed the *Funding* section (Page 2)
- Legible copy of Driver's license (or Military or State ID)
- Proof of employment at indicated employer (i.e. work ID, recent paystub)
- 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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