



## MEMBERSHIP APPLICATION & AGREEMENT

- Individual Membership Account
- Individual Membership Account w/Pay-on-Death
- Multiple Ownership Account w/Right of Survivorship
- Multiple Ownership Account w/ROS & POD

Account Number	Date Opened
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### PRIMARY OWNER

Primary Owner (first/middle/last)		Social Security Number	
Street Address		City / State / Zip	
PO Box - must also list a physical address / City / State / Zip		Cell Phone ( )	
Home Phone ( )	Date of Birth	Driver's License Number or ID/State	Mother's Maiden Name
Employer	Position	Years	Business Phone / Extension ( )
<input type="checkbox"/> Male <input type="checkbox"/> Female (optional)	E-mail Address		

### Membership Eligibility

- City of Hollywood Employer: \_\_\_\_\_
- Hollywood Chamber Employer: \_\_\_\_\_
- Dania Beach Chamber Employer: \_\_\_\_\_
- Real Estate Professional:  Broward County  Miami Dade County
- Family Sponsorship: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Membership # \_\_\_\_\_

### PLEASE SELECT FROM THE FOLLOWING PRODUCTS / SERVICES

- Share (Savings) Required
- ATM Card - Savings Accounts **Only**
- E-Statement
- Christmas Club Account
- Share Draft (Checking)
- Direct Deposit
- CD
- Visa Debit Card - Checking Account Required

### CO-APPLICANT / JOINT OWNER (MUST BE 18 YEARS OR OLDER)

Joint Owner (first/middle/last)		Social Security Number	
Street Address		City / State / Zip	
Post Office Box		City/ State / Zip	
Home Phone ( )	Date of Birth	Driver's License Number or ID/State	Mother's Maiden Name
Employer	Position	Years	Business Phone / Extension ( )
<input type="checkbox"/> Male <input type="checkbox"/> Female (optional)	E-mail Address		

### DESIGNATION OF BENEFICIARY

This designation shall be effective when delivered and filed with the Credit Union, duly executed by an insured member, during the lifetime of the beneficiary designated. I, being a member of SUN Credit Union, do hereby designate:

Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_  
(i.e. mother, son, friend)

Address \_\_\_\_\_

As my beneficiary, if living, to receive any and all sums of money: paid under and by virtue of the terms and conditions of this issuance Contract, Life Savings Plan of the CUNA Mutual Insurance Society, to said Credit Union. I understand that I may change the designated beneficiary only by executing a Subsequent Designation of Beneficiary form, which must be delivered and filed with the Credit Union. Payment of proceeds to a designated beneficiary or, if none, to the beneficiary determined by the Credit Union as entitles to such proceeds under said contract shall discharge the Credit Union from any and all liability, under the contract or otherwise.

CONTINUE ON OTHER SIDE

## TIN CERTIFICATION AND BACK UP WITHHOLDING INFORMATION

Under the penalties of perjury, I certify that:

1. The Social Security number(s) shown on this form are my correct Taxpayer Identification Number(s) or I am waiting for a number to be issued to me, and
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 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 or a U.S. Resident Alien.

\_\_\_\_\_ **OR** \_\_\_\_\_

Exempt Recipients: I am an exempt recipient under the IRS regulations.

Non-Resident Aliens: I am not a U.S. person, or if I am an individual, I am neither a citizen nor a resident of the U.S. or U.S. person.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACT

Name of an adult relative not residing with you \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## MEMBERSHIP ACCOUNT AGREEMENT

By signing this application, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. By using the account, I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested or provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.** [If you are in default on a financial obligation to us, federal law gives us the right to apply the balance of shares and dividends in your account at the time of default to satisfy that obligation. Once you are in default we may exercise that right without further notice to you.]

I understand that my signature constitutes a request for any identifying number and/or access device issued by the Credit Union in connection with my account(s). I agree to the terms and conditions as disclosed to me by the Credit Union. Everything that I have stated in this application is correct to the best of my knowledge. I understand that it may be a federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

I certify that I am eligible for membership because of my aforementioned relationship to a family member, employer or membership organization. I authorize the Credit Union to check my accounts, credit and employment history, and to obtain a credit report from third parties, including credit reporting agencies, to verify my eligibility for any accounts or services I have requested.

## AUTHORIZATION

By signing the application below, I certify that the information provided on this form is true, correct and complete. I also agree to the terms and conditions of the Membership Account Agreement found below, which I have read and a copy has been provided to me.

\*The Primary Owner Signature is required to be notarized if he/she cannot be present at the Credit Union for signing.

Primary Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

(Notary Seal)