

Sperry Marine Federal Credit Union New Account Application (1 OF 2)

Account Type

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

	Suffix*		Suffix*
<input type="checkbox"/> Share Savings	_____	<input type="checkbox"/> Money Market	_____
<input type="checkbox"/> Share Draft/Checking	_____	<input type="checkbox"/> Living Trust	_____
<input type="checkbox"/> Share Certificate	_____	<input type="checkbox"/> Other	_____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

Member Application And Ownership Information

Member/Owner _____	Member No. _____
Street _____	SSN/Tin _____
City/State/Zip _____	Driver's Lic No. _____
Home Phone () _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password _____
Work Phone () _____	Employment _____
E-mail _____	
Eligibility for Membership _____	

TIN Certification And Backup Withholding Information

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).

Certification Instructions. Cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

Authorization

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. 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 and provided, I/we agree to the terms of 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.**

X _____	X _____
Signature Date	Signature Date
X _____	X _____
Signature Date	Signature Date

Sperry Marine Federal Credit Union New Account Application (2 OF 2)

Account Services

- | | |
|--|---|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit | <input type="checkbox"/> ATM Card _____ |
| <input type="checkbox"/> Overdraft Protection (Indicate transfer priority below) _____ | <input type="checkbox"/> Debit Card _____ |
| <input type="checkbox"/> PC Access/Internet Banking _____ | <input type="checkbox"/> Audio Response _____ |
| | <input type="checkbox"/> Other _____ |

Account Ownership

Designate the ownership of the accounts and responsibility for the services requested.

- | | | |
|--|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Joint Account-With Survivorship On the death of the owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account. | <input type="checkbox"/> Joint Account-No Survivorship On the death of the owner of the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust, or intestacy. |
|--|---|---|

Signature X _____
 X _____
 X _____
 Joint Owner _____
 Street _____
 City/State/Zip _____
 Home Phone () _____
 Listed Unlisted
 Work Phone () _____

Signature X _____
 X _____
 X _____
 SSN/TIN _____
 Driver's Lic. No. _____
 Date of Birth _____
 Password _____
 E-mail _____

Joint Owner _____
 Street _____
 City/State/Zip _____
 Home Phone () _____
 Listed Unlisted
 Work Phone () _____

SSN/TIN _____
 Driver's Lic. No. _____
 Date of Birth _____
 Password _____
 E-mail _____

Account Designations

- | | | |
|--|---|--|
| <input type="checkbox"/> Payable on Death (POD)/Trust Account | <input type="checkbox"/> All accounts | <input type="checkbox"/> Designate specific account(s) _____ |
| Payee _____
Street _____
City/State/Zip _____ | Payee _____
Street _____
City/State/Zip _____ | |
| <input type="checkbox"/> Trust Account | <input type="checkbox"/> All accounts | <input type="checkbox"/> Designate specific account(s) _____ |
| Payee _____
Street _____
City/State/Zip _____ | Payee _____
Street _____
City/State/Zip _____ | |
| <input type="checkbox"/> Agency | Print name of Agent _____
Signature _____ (date) _____ | |
| <input type="checkbox"/> All Accounts | <input type="checkbox"/> Designate specific accounts(s) _____ | |
| <input type="checkbox"/> VUTMA (as custodian for _____ (name of minor) under the Virginia Uniform Transfers to Minors Act) (Age:) Minor's SSN _____ | | |
| Other _____ | <input type="checkbox"/> See Account Authorization Card | |

FOR CREDIT UNION USE ONLY

- See Account Change Card See Insurance Beneficiary Card

Date of Membership _____ Opened/Applied by _____ Member Verification _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Credit Report | <input type="checkbox"/> Check Verify | <input type="checkbox"/> PIN Request |
| <input type="checkbox"/> Access Card | <input type="checkbox"/> Audio Response | <input type="checkbox"/> PC Access/Internet Banking |