

Membership Application



- New Membership
- New Account
- Mail-in Financial Center Account
- Change

Member # _____

1 Primary Account Holder Information

- Ms. Mr. Mrs.

Last Name _____ First Name & Middle Initial _____

Driver's License State ID Other ID _____ No. _____

Issuing Agency _____ Issue Date _____ Expiration Date _____

Social Security # _____ Mother's Maiden Name _____ Date of Birth _____

Residential Address _____ City _____ State _____ ZIP _____

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone () _____ Work/Daytime Phone () _____

Cell Phone () _____ Fax () _____

Email _____

- Retired Unemployed Student

Employer (If retired, former employer name) _____ School/Occupation _____

Employer or School Address _____ Employer or School Phone _____

2 Membership Eligibility

I am eligible to join Xceed in one of the following ways:

- Employee of a Select Employer Group (SEG): Company Name _____
- Community Group: Live Work Worship Attend School _____
ZIP Required _____
- Associational Group: Organization Name _____
- Immediate Family Member: Member Name _____ Relationship _____
- Household Member: Member Name _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT—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 me: When I open an account, I will be asked my name, address, date of birth, and other information that will allow you to identify me/us. I/We may also be asked to show my/our driver's license or other identifying documents.

3 Accounts and Service Options

Savings — Account Number(s) _____

(A \$5.00 minimum savings account deposit is required for membership.)

Money Market Savings Certificate: Term _____ Club Account Other _____

Checking — Account Number(s) _____

Basic Checking SeekMore Other _____

Services ATM Check Card Online Banking Personal Banker Other _____

Overdraft Protection

I hereby authorize Xceed Financial Federal Credit Union to pay overdrafts on my checking account from my other Xceed Financial Federal Credit Union accounts. Automatic transfer fee may apply. Please withdraw from my accounts in this order (1st, 2nd, etc.):

Regular Savings _____ Money Market _____ Line of Credit _____ Other _____

Courtesy Pay

Please refer to the **Courtesy Pay Brochure** and the **What You Need to Know about Overdrafts and Overdraft Fees** notice to learn about Xceed Financial Federal Credit Union's Courtesy Pay overdraft service and practices, and to select, if so desired, certain available options.

4 Joint Owner Information

The joint owner designation will apply to all accounts listed in Section 3, which will be held jointly with right of survivorship.

Ms. Mr. Mrs.

Last Name _____ First Name & Middle Initial _____

Driver's License State ID Other ID _____ No. _____

Issuing Agency _____ Issue Date _____ Expiration Date _____

Social Security # _____ Mother's Maiden Name _____ Date of Birth _____

Residential Address _____ City _____ State _____ ZIP _____

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone () _____ Work/Daytime Phone () _____

Cell Phone () _____ Fax () _____

Email _____

Retired Unemployed Student

Employer (If retired, former employer name) _____ School/Occupation _____

Employer or School Address _____ Employer or School Phone _____

Note: To add more joint owners, please complete and sign the **Designation of Joint Ownership Addendum** and submit the Addendum with Membership Application.

Check here if a **Designation of Joint Ownership Addendum** is attached.

5 Beneficiary Information

Pay-on-Death Provisions: In the event of my/our death, I/we hereby designate the following beneficiaries to share equally. These designations are applicable to all accounts listed in Section 3.

Payee #1 _____ Address _____ Phone _____

Date of Birth _____ Social Security # _____ Relationship _____

Payee #2 _____ Address _____ Phone _____

Date of Birth _____ Social Security # _____ Relationship _____

Payee #3 _____ Address _____ Phone _____

Date of Birth _____ Social Security # _____ Relationship _____

Note: To add more beneficiaries, please complete and sign the **Designation of Beneficiary Addendum** and submit the Addendum with Membership Application.

Check here if a **Designation of Beneficiary Addendum** is attached.

6 Certification for Taxpayer Identification Number and Account Agreement

A. Certification for Taxpayer Identification Number: Under penalty of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (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 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 withholding; and (3) I am a U.S. citizen or U.S. resident alien. *Note: I must cross out item (2) above if I have been notified by the IRS that I am currently subject to backup withholding. I must cross out item (3) above and complete a W-8BEN if I am not a U.S. citizen or U.S. resident alien.*

B. Account Agreement: I/We certify that the information provided on this Membership Application is true, correct and complete. I/We agree to conform to the Credit Union bylaws and have received and agree to abide by the terms and conditions of XFCU's Agreements and Disclosures (including, but not limited to: Agreement and Disclosure, Truth-In-Savings Disclosure Services and Schedule of Fees, Electronic Services Agreement and Disclosure, Privacy Policy, Share Product Rate Sheet, Courtesy Pay Brochure and "What You Need to Know about Overdrafts and Overdraft Fees" notice) as amended. I/We authorize Xceed Financial Federal Credit Union to verify all the information supplied herein, and to verify my/our creditworthiness. I, as the Primary Account Holder, hereby apply for membership. **The Internal Revenue Service does not require consent to any provision of this document other than the certification required to avoid backup withholding.**

Primary Account Holder Signature _____ Date _____

Joint Owner Signature _____ Date _____

For Office Use Only

Membership Officer Approval _____

Representative Name _____

Office # _____ Date _____