



# Membership Application

Service Federal Credit Union Corporate Offices  
Stateside Offices: P.O. Box 1268, Portsmouth, NH 03802 | 800.936.7730  
Overseas Offices: Unit 3019, APO AE 09021-3019 | 00800.4728.2000

### SELECT ACCOUNT TYPES:

- Primary Savings
- Everyday Checking
- Dividend Checking
- Club Savings
- Holiday Club
- Money Market
- (other, specify) \_\_\_\_\_

### SELECT SERVICES:

- Visa® Debit Card
- Share Transfer Overdraft Protection
- Go Paperless
- Opt-in to Courtesy Pay
- (other, specify) \_\_\_\_\_

Member Number \_\_\_\_\_

Date of Application \_\_\_\_\_

### IMPORTANT INFORMATION ABOUT 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 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

### TAX REPORTED OWNER

Name \_\_\_\_\_  
First Middle Initial Last

DOB \_\_\_\_\_ SSN \_\_\_\_\_  US Citizen  Resident Alien  Non-Resident Alien

Current Residential/Physical Address \_\_\_\_\_  
\*No PO Box. APO is OK Street Address Apt. No City State Zip Code

Current Mailing Address \_\_\_\_\_  
(If different than above) Street Address Apt. No City State Zip Code

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address (required for online banking and bill pay) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Job Title/Occupation \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_

#### CIP Verification Method:

Documentary – Must be Present and complete all ID fields **OR**  Non-Documentary Member Present:  Yes  No

ID Type: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ ID #: \_\_\_\_\_



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## JOINT OWNERS AND BENEFICIARIES

**IMPORTANT NOTE** Funds held in the account will be controlled by the account owner equally with the joint owner(s). Upon death of any account owner, funds will first pass to any surviving joint owner(s). If there is no surviving joint owner, funds will then pass to the named beneficiaries as listed on the application. Accounts held by individuals who were legal residents of Germany at the time of their death may be subject to German inheritance law.

### JOINT OWNER - 1

Name \_\_\_\_\_  
First Middle Initial Last

DOB \_\_\_\_\_ SSN \_\_\_\_\_  US Citizen  Resident Alien  Non-Resident Alien

Current Residential/Physical Address \_\_\_\_\_  
\*No PO Box. APO is OK Street Address Apt. No City State Zip Code

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name \_\_\_\_\_ Job Title/Occupation \_\_\_\_\_

#### Select Account Types:

- Primary Savings  Everyday Checking  Dividend Checking  Club Savings  Holiday Club  Money Market  
 (other, specify) \_\_\_\_\_

#### CIP Verification Method:

- Documentary – Must be Present and complete all ID fields **OR**  Non-Documentary Member Present:  Yes  No

ID Type: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ ID #: \_\_\_\_\_

### JOINT OWNER - 2

Name \_\_\_\_\_  
First Middle Initial Last

DOB \_\_\_\_\_ SSN \_\_\_\_\_  US Citizen  Resident Alien  Non-Resident Alien

Current Residential/Physical Address \_\_\_\_\_  
\*No PO Box. APO is OK Street Address Apt. No City State Zip Code

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name \_\_\_\_\_ Job Title/Occupation \_\_\_\_\_

#### Select Account Types:

- Primary Savings  Everyday Checking  Dividend Checking  Club Savings  Holiday Club  Money Market  
 (other, specify) \_\_\_\_\_

#### CIP Verification Method:

- Documentary – Must be Present and complete all ID fields **OR**  Non-Documentary Member Present:  Yes  No

ID Type: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ ID #: \_\_\_\_\_



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**BENEFICIARY DESIGNATION** - Please complete this section if you would like to add any beneficiary to your account. The total of all Beneficiary Interest percentages must equal 100%.

**BENEFICIARY 1** \_\_\_\_\_

First	Middle Initial	Last Name	Social Security Number	DOB
_____ % of Beneficiary Interest				

Current Residential/Physical Address \_\_\_\_\_

Street Address	Apt. No	City	State	Zip Code
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**Select Account Types:**

Primary Savings     Everyday Checking     Dividend Checking     Club Savings     Holiday Club     Money Market

(other, specify) \_\_\_\_\_

**BENEFICIARY 2** \_\_\_\_\_

First	Middle Initial	Last Name	Social Security Number	DOB
_____ % of Beneficiary Interest				

Current Residential/Physical Address \_\_\_\_\_

Street Address	Apt. No	City	State	Zip Code
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**Select Account Types:**

Primary Savings     Everyday Checking     Dividend Checking     Club Savings     Holiday Club     Money Market

(other, specify) \_\_\_\_\_

**CERTIFICATION AS TO THE TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING** - INSTRUCTIONS TO SIGNER: If you have been notified by the Internal Revenue Service that you are subject to backup withholding due to Payee under reporting, and you have not received notice from the IRS that backup withholding has terminated, you must strike out the language in CLAUSE 2 of the statement below.

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 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 U.S. resident alien). DOES NOT APPLY TO NON-RESIDENT ALIENS. Please refer to the Account Agreement and Disclosure for the Joint Account Agreement.

Each signer also agrees that the Credit Union may obtain any credit reference necessary including, but not limited to, FIS eAccess, at any time while an account holder.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

**CONSENT TO CONTACT**- In the future, we (Service Federal Credit Union) may want to reach out to you by phone or text message in order to provide you with important information specific to your account or services you use, such as status updates on applications or alerts related to suspected fraudulent activity. The following language is included on this application to serve as your consent to allow us to do this. This consent is not required to obtain any accounts or services from Service Federal Credit Union, and you may choose to opt out at any time by any reasonable means.

By submitting this application, you agree we and/or our third-party providers, including debt collectors, may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us. This consent does not include any contacts for advertising and telemarketing purposes. You further agree that our methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device, as defined by relevant law. You may withdraw this consent to be contacted at any time by any reasonable means. If you have provided a wireless telephone number in connection with any account, you represent and agree you are the wireless subscriber or customary user with respect to the wireless number provided and have the authority to give this consent.

Furthermore, you agree to notify us of any change to the wireless telephone number(s) which you have provided to us.

In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless/cell phone number, to deliver to you any messages related to suspected or actual fraudulent activity on your account, data security breaches, or identity theft following a data breach, money transfers, or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. You will have an opportunity to opt-out of such communications at the time of delivery.

**SUBMITTING THIS APPLICATION**- I/we, the Tax Reported Owner and Joint Owners named herein, attest that the above information is true and accurate. I understand that to be a member of Service Federal Credit Union, I need to open a Primary Savings Account and subscribe for at least one membership share by depositing and maintaining \$5 in my primary share account. I understand that a pledge of \$5 will be placed on my primary share account. I acknowledge receipt of the Credit Union Account Agreement and Disclosure Statement and the Rate and Fee Schedule. **Important note for Joint Owners:** Joint owners are not required to be members of the credit union. A joint owner may be a member of the credit union if they have their own Primary Share Account and maintain a \$5 membership deposit.

If employed by the Department of Defense, I hereby authorize the Department of Defense and its various departments and commands to verify the information listed above and my social security number or other identifier and disclose my current address to authorized SERVICE FEDERAL CREDIT UNION officials so they may contact me in connection with my financial business relationship with Service Federal Credit Union. All information will be used solely in connection with my financial business relationship with SERVICE FEDERAL CREDIT UNION.

Branch Office service in Germany may be unavailable to some DoD retirees and their families based on the NATO Status of Forces Agreement with Germany and/or other Field of Membership restrictions.

By Signing below, I acknowledge and agree to all disclosures presented within this application and the related account opening documents.

Tax Reported Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Employee Name Printed \_\_\_\_\_ Branch# \_\_\_\_\_ Date \_\_\_\_\_



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## JOINT OWNER - 3

Name \_\_\_\_\_  
First Middle Initial Last

DOB \_\_\_\_\_ SSN \_\_\_\_\_  US Citizen  Resident Alien  Non-Resident Alien

Current Residential/Physical Address \_\_\_\_\_  
\*No PO Box. APO is OK Street Address Apt. No City State Zip Code

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name \_\_\_\_\_ Job Title/Occupation \_\_\_\_\_

### Select Account Types:

- Primary Savings  Everyday Checking  Dividend Checking  Club Savings  Holiday Club  Money Market  
 (other, specify) \_\_\_\_\_

### CIP Verification Method:

- Documentary – Must be Present and complete all ID fields **OR**  Non-Documentary Member Present:  Yes  No

ID Type: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ ID #: \_\_\_\_\_

## JOINT OWNER - 4

Name \_\_\_\_\_  
First Middle Initial Last

DOB \_\_\_\_\_ SSN \_\_\_\_\_  US Citizen  Resident Alien  Non-Resident Alien

Current Residential/Physical Address \_\_\_\_\_  
\*No PO Box. APO is OK Street Address Apt. No City State Zip Code

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name \_\_\_\_\_ Job Title/Occupation \_\_\_\_\_

### Select Account Types:

- Primary Savings  Everyday Checking  Dividend Checking  Club Savings  Holiday Club  Money Market  
 (other, specify) \_\_\_\_\_

### CIP Verification Method:

- Documentary – Must be Present and complete all ID fields **OR**  Non-Documentary Member Present:  Yes  No

ID Type: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ ID #: \_\_\_\_\_

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

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



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## BENEFICIARY 3

\_\_\_\_\_ % of Beneficiary Interest

First	Middle Initial	Last Name	Social Security Number	DOB
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Current Residential/Physical Address \_\_\_\_\_

Street Address	Apt. No	City	State	Zip Code
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### Select Account Types:

- Primary Savings    Everyday Checking    Dividend Checking    Club Savings    Holiday Club    Money Market  
 (other, specify) \_\_\_\_\_

## BENEFICIARY 4

\_\_\_\_\_ % of Beneficiary Interest

First	Middle Initial	Last Name	Social Security Number	DOB
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Current Residential/Physical Address \_\_\_\_\_

Street Address	Apt. No	City	State	Zip Code
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### Select Account Types:

- Primary Savings    Everyday Checking    Dividend Checking    Club Savings    Holiday Club    Money Market  
 (other, specify) \_\_\_\_\_