

MEMBERSHIP APPLICATION

Please complete the application here, then print it out, sign and return to Southern Security via mail or in-person.

PRIMARY OWNER (MEMBER)						
MALE <input type="checkbox"/>	LAST NAME (JR., SR.)		FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY #/ TIN
FEMALE <input type="checkbox"/>						
STREET ADDRESS			CITY	STATE	ZIP	HOME PHONE # ()
MAILING ADDRESS (if different from above)			CITY	STATE	ZIP	CELL PHONE # ()
IDENTIFICATION TYPE <input type="checkbox"/> Driver's Lic/State ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport Other _____		NUMBER	STATE/COUNTRY		EXPIRATION DATE	MEMBERSHIP ELIGIBILITY <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Family
		MOTHER'S MAIDEN NAME		EMAIL ADDRESS		
EMPLOYER			DATE STARTED		OCCUPATION/TITLE	EMPLOYER PHONE # ()
EMERGENCY CONTACT		CITY & STATE			RELATIONSHIP	CONTACT'S PHONE # ()

OWNERSHIP TYPE
<input type="checkbox"/> INDIVIDUAL (Sole Ownership) <input type="checkbox"/> JOINT (Tenants with Right of Survivorship) <input type="checkbox"/> UTMA <input type="checkbox"/> TRUST (Separate Agreement on File)

JOINT OWNER 1, if applicable						
MALE <input type="checkbox"/>	LAST NAME (JR., SR.)		FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY #/ TIN
FEMALE <input type="checkbox"/>						
STREET ADDRESS			CITY	STATE	ZIP	HOME PHONE # ()
MAILING ADDRESS (if different from above)			CITY	STATE	ZIP	CELL PHONE # ()
IDENTIFICATION TYPE <input type="checkbox"/> Driver's Lic/State ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport Other _____		NUMBER	STATE/COUNTRY		EXPIRATION DATE	
		MOTHER'S MAIDEN NAME		EMAIL ADDRESS		
EMPLOYER			DATE STARTED		OCCUPATION/TITLE	EMPLOYER PHONE # ()

JOINT OWNER 2, if applicable						
MALE <input type="checkbox"/>	LAST NAME (JR., SR.)		FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY #/ TIN
FEMALE <input type="checkbox"/>						
STREET ADDRESS			CITY	STATE	ZIP	HOME PHONE # ()
MAILING ADDRESS (if different from above)			CITY	STATE	ZIP	CELL PHONE # ()
IDENTIFICATION TYPE <input type="checkbox"/> Driver's Lic/State ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport Other _____		NUMBER	STATE/COUNTRY		EXPIRATION DATE	
		MOTHER'S MAIDEN NAME		EMAIL ADDRESS		
EMPLOYER			DATE STARTED		OCCUPATION/TITLE	EMPLOYER PHONE # ()



☐ PAYABLE ON DEATH (POD) ACCOUNT

Provide the following information to designate a POD beneficiary. Upon the death of the last account holder, ownership of the account will be divided equally among the surviving beneficiaries listed below. I/we understand that I/we can individually or jointly withdraw the funds in these accounts during my/our lifetime. I/we understand these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

BENEFICIARY NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #
BENEFICIARY NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #

ACCOUNT TYPE AND SERVICES (check all that apply)

- | | | |
|--|--|-----------------------------------|
| <input checked="" type="checkbox"/> Share/Savings (\$25 required for membership) | <input type="checkbox"/> Share Draft/Checking (Approval required) | <input type="checkbox"/> ATM Card |
| <input type="checkbox"/> Miscellaneous Share/Savings | <input type="checkbox"/> Debit MasterCard (Share Draft/Checking required) | OR |
| <input type="checkbox"/> Holiday Club | Cards requested: <input type="checkbox"/> Primary Member <input type="checkbox"/> Joint Owner 1 <input type="checkbox"/> Joint Owner 2 | |

ESTIMATED ACCOUNT ACTIVITY (check all that apply)

Account Product Activity	Account Product Activity	Account Product Activity
<input type="checkbox"/> ACH – Electronic Banking Transactions	<input type="checkbox"/> Money Orders or Cashier's Checks	<input type="checkbox"/> E-Statements
<input type="checkbox"/> Debit Card – ATM Access or Purchases	<input type="checkbox"/> Wire Transfer – Domestic	<input type="checkbox"/> Mobile Banking
<input type="checkbox"/> Online Banking	<input type="checkbox"/> Wire Transfer – Foreign	<input type="checkbox"/> Bill Pay
Monthly Cash Deposits	<input type="checkbox"/> \$0 – \$5000	<input type="checkbox"/> \$5001 – \$10000
Monthly Cash Withdrawals	<input type="checkbox"/> \$0 – \$5000	<input type="checkbox"/> \$5001 – \$10000
	<input type="checkbox"/> Over \$10000	<input type="checkbox"/> Over \$10000

IMPORTANT IRS INFORMATION - TIN CERTIFICATION

- ☐ I certify in accordance with IRS W-9 instructions and under penalty of perjury, (1) that the number shown herein is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2) that unless designated below, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding and (3) that, unless designated below, I am a U.S. person (including U.S. resident alien).
- ☐ I am subject to backup withholding ☐ I am a foreign person other than a U.S. resident alien (IRS form W-8 BEN required)

SIGNATURES

By signing this application, You hereby make application for membership in Southern Security Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to us. You and all joint owners agree to be bound by the agreements set forth in the Membership and Account Agreement and to all bylaws, rules and regulations of Southern Security Federal Credit Union now in effect and as amended or adopted hereafter. You acknowledge receipt of Southern Security Federal Credit Union account agreements for the type of account(s) and services indicated in this membership application including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure, and Electronic Funds Transfer. 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 will allow us to identify each person who opens an account. What this means for you: When you open an account, we will ask 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 and other identifying information. You agree to hold Southern Security Federal Credit Union harmless and agree to indemnify the Credit Union from any and all liability for injuries or damages that arise as a result of using Credit Union services. You authorize any person, association, firm, corporation, or personnel office to furnish information concerning Your affairs upon request of Southern Security Federal Credit Union, including the checking of Your credit and employment history and the obtaining of credit reports. **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	_____	_____
MEMBER SIGNATURE	DATE	JOINT OWNER SIGNATURE 1
		DATE
		X
		JOINT OWNER SIGNATURE 2
		DATE

CREDIT UNION USE ONLY

IDENTIFICATION VERIFIED

_____	_____	Primary Member	<input type="checkbox"/> No Match	<input type="checkbox"/> Other
STAFF SIGNATURE	DATE			

MEMBERSHIP OPENED/APPROVED

_____	_____	Joint Owner 1	<input type="checkbox"/> No Match	<input type="checkbox"/> Other
STAFF SIGNATURE	DATE			

ELIGIBILITY VERIFIED/DOCUMENTS SCANNED

_____	_____	Joint Owner 2	<input type="checkbox"/> No Match	<input type="checkbox"/> Other
STAFF SIGNATURE	DATE			

SHARE DRAFT/CHECKING

_____	_____	Beneficiary 1	<input type="checkbox"/> No Match	<input type="checkbox"/> Other
STAFF SIGNATURE	DATE			

Status _____

Account Number _____