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) LAST NAME (JR., SR.) FIRST NAME SOCIAL SECURITY #/ TIN MALE \square MI DATE OF BIRTH FEMALE ___ STREET ADDRESS CITY HOME PHONE # STATE 7IP MAILING ADDRESS (if different from above) CITY STATE ZIP CELL PHONE # **IDENTIFICATION TYPE** NUMBER STATE/COUNTRY **EXPIRATION DATE** MEMBERSHIP ELGIBILITY Employer Association Family Military ID MOTHER'S MAIDEN NAME **EMAIL ADDRESS EMPLOYER** DATE STARTED OCCUPATION/TITLE EMPLOYER PHONE # **EMERGENCY CONTACT** CITY & STATE RELATIONSHIP CONTACT'S PHONE # **OWNERSHIP TYPE** INDIVIDUAL (Sole Ownership) JOINT (Tenants with Right of Survivorship) UTMA TRUST (Separate Agreement on File) JOINT OWNER 1, if applicable MALE LAST NAME (JR., SR.) FIRST NAME МΙ DATE OF BIRTH SOCIAL SECURITY #/ TIN FEMALE STREET ADDRESS CITY STATE ZIP HOME PHONE # CELL PHONE # MAILING ADDRESS (if different from above) CITY STATE ZIP **IDENTIFICATION TYPE** NUMBER STATE/COUNTRY **EXPIRATION DATE** ☐Driver's Lic/State ID Military ID MOTHER'S MAIDEN NAME **EMAIL ADDRESS** Passport Othe<u>r</u> **EMPLOYER** DATE STARTED OCCUPATION/TITLE EMPLOYER PHONE # JOINT OWNER 2, if applicable MALE | LAST NAME (JR., SR.) FIRST NAME MΙ DATE OF BIRTH SOCIAL SECURITY #/ TIN FEMALE STREET ADDRESS CITY STATE ZIP **HOME PHONE #** MAILING ADDRESS (if different from above) CITY STATE ZIP CELL PHONE # **IDENTIFICATION TYPE EXPIRATION DATE** NUMBER STATE/COUNTRY ☐ Driver's Lic/State ID ☐ Military ID MOTHER'S MAIDEN NAME **EMAIL ADDRESS** Passport Other_ OCCUPATION/TITLE **EMPLOYER** DATE STARTED **EMPLOYER PHONE #**



BENEFICIARY NAME	n/our lifetime. I/we under lif	ficiaries listed below.	I/we understand that unts will belong to the Membership Agreer	I/we can individual in the contract with the Con	dually or jointl ficiary(ies), an	hip of the account will y withdraw the funds i d will not be inherited vill govern payment.
BENEFICIARY NAME	ADDRESS		DATE	OF BIRTH RE	LATIONSHIP	SOCIAL SECURITY #
ACCOUNT TYPE AND	SERVICES (check	all that apply)				
■ Share/Savings (\$25 r ■ Miscellaneous Share ■ Holiday Club	·	☐ Del	ure Draft/Checking (Apoint MasterCard (Shar	e Draft/Checl	cing required	☐ ATM Card d) OR 1 ☐ Joint Owner 2
ESTIMATED ASSOLING	- ACTIVITY ()		requested: Prima	ary Member L	J Joint Owne	gr
Assount Brodust			roduct Activity		Assount Pro	duct Activity
Account Product						duct Activity
☐ ACH – Electronic Banking Transactions ☐ Debit Card – ATM Access or Purchases		☐ Money Orders or Cashier's Checks ☐ Wire Transfer – Domestic			☐ E-Statements ☐ Mobile Banking	
Online Banking	000 01 1 010110000	☐ Wire Transfer –		Bill	Pay	
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IMPORTANT IRS INFOR	RMATION - TIN CE	ERTIFICATION				
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SIGNATURES By signing this application	n. You hereby make	application for memb	pership in Southern Se	ecurity Federal	Credit Union.	You warrant the truth
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