

If you are within SFCU's field of membership (see "How to Join" on <http://www.seafordfcu.com/membership.html>) and ready to join, you can print and complete the following Account Card. Bring it to the office along with \$5 for the membership fee and at least \$5 to open a share (savings) account. You may want to sign the Account Card in the office to avoid needing to have your signature notarized.

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 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 will also ask to see your driver's license or other identifying documents.

You will also need to complete our New Member Questionnaire for Personal Accounts.

ACCOUNT CARD

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. <input type="text"/>
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 Disclosure, 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 _____	Signature	_____	Date	X _____	Signature	_____	Date
X _____	Signature	_____	Date	X _____	Signature	_____	Date

Seaford Federal Credit Union

New Member Questionnaire

Personal Account

Please take a moment to answer the following questions. This will enable us to better meet your needs and our responsibilities under the Patriot Act and similar laws.

Why have you applied for an account at SFCU?	
How did you find out about us?	
Will this account be used strictly to conduct personal business? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	
Will you be making any large cash deposits or withdrawals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please briefly describe the nature and size of these transactions.	
Will you be making any international wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please briefly describe the reason.	

Thank you for response.

Your Signature

Date

For Internal Use:

Member Name: _____ Account #: _____

Teller Initials: _____ Copy To BSAA Yes No

BSAA Initials: _____ Notes: _____