



**SECURED ADVANTAGE  
FEDERAL CREDIT UNION**  
800-468-5153



**ACCOUNT CARD**

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

<b>Member/Owner:</b>		<b>Member No:</b>
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Password:	
E-mail:	Membership Eligibility:	
Employer:		

**ACCOUNT OWNERSHIP**

Designate the ownership of the accounts and responsibility for the services requested.  
 Individual     Joint Account with Rights of Survivorship     Joint Account without Rights of Survivorship

<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

**ACCOUNT DESIGNATIONS**

**Payable on Death (POD)/Trust Account**  
 Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_  
 Street: \_\_\_\_\_ Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**UTMA/UGMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act)  
 Minor's SSN/TIN: \_\_\_\_\_

**Agency**     **Agent only for HSA**    Print Name of Agent: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Other:** \_\_\_\_\_  See Account Authorization 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 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"/> HSA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

\*The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**ACCOUNT SERVICES**

- Payroll Deduction/Direct Deposit:
- Audio Response:
- Overdraft Protection (Indicate transfer priority.):
- ATM Card:  Debit Card:
- PC Access/Internet Banking:
- Other:

**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 (or I am waiting for a number to be issued),*
- (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 Disclosure, 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 agreements 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 Fund Transfers Agreement and Disclosure. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

<b>X</b>		<b>X</b>	
Signature	Date	Signature	Date
<b>X</b>		<b>X</b>	
Signature	Date	Signature	Date

**FOR CREDIT UNION USE ONLY**       See Account Change Card       See Insurance Beneficiary Card

Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking

**REFER-A-FRIEND**

Did a current member refer you to Secured Advantage? If so, you'll both be rewarded \$50 when you open a checking account with direct deposit.\* To verify the referral, please complete the following about the referring member:

**First Name:****Last Name:**At least **two** of the following:**Address:****Phone No.:****Email:**

\*In order for referrer and referee to receive the bonus, the referee must open a new Secured Advantage Federal Credit Union checking account during the timeframe beginning 07/15/2017 through 08/31/2017 ("Promotional Period") and have at least one ACH direct deposit into the new checking account within 60 days of opening. Checking account must remain open and in good standing for 30 days. Referees are not eligible for this offer if they currently have a checking account with Secured Advantage or had a Secured Advantage account closed within the last 12 months. All accounts are subject to Secured Advantage's normal approval process. See credit union for details. Bonuses will be paid to qualifying accounts within 60 days of the end of the Promotional Period. The bonus is to be reported as dividends for the 2017 tax year. Referrer must be a current member of Secured Advantage at the time of referral; referrer may not be an employee of the credit union or sit on the board during the promotional period. Secured Advantage reserves the right to disqualify any referrals in circumstances where Secured Advantage believes the referrals were not sent to Secured Advantage in good faith. This credit union is federally insured by the National Credit Union Administration.