



MEMBERSHIP APPLICATION

Acct. # _____
Acct. Type _____
Date _____
Branch _____

Mother's Maiden Name _____ Expected college graduation date (if applicable) _____

Table with 8 columns: SEFCU USE ONLY, ID Type Number, Issued, Expires, Member Group Code, Member Eligibility, SSN State, Operator, ChexSystems Results

- 1. Name, 2. Mailing Address, 3. E-mail Address, 4. Date of Birth, 5. Social Security Number, 6. Occupation, 7. Work Phone Number, 8. Home Phone Number, 9. Cell Phone Number, 10. Employment Status, 11. Employer, 12. Employment Duration, 13. Title, 14. Gross Income, 15. ID State, 16. Occupancy Status, 17. Occupancy Duration

18. I/we authorize SEFCU to establish or add the following accounts/services:

- Checking, Debit Card, Preferred Savings, Consumer Loan Application Completed**, Cash Reserve*, SEFCU Online, Owner's Choice, E-Mail Address, DIAL, Holiday Club

I/We hereby make application for membership in SEFCU, and agree to conform to the laws and amendments thereof and subscribe for at least one share.

This is a variable rate account. As such, the credit union reserves the right to change the rate at any time and at its sole discretion.

*Upon approval your cash reserve is activated.

(application continued on back)

SEFCU USE ONLY	ID Type Number	Issued	Expires	Member Group Code	State	Year
	_____	_____	_____	_____	_____	_____

19. Joint Owner Name		20. Mother's Maiden Name	
_____		_____	
21. Mailing Address		22. E-mail Address	
_____		_____	
23. Date of Birth	24. Social Security Number	25. Occupation	
_____	_____	_____	
26. Work Phone Number	27. Home Phone Number	28. Cell Phone Number	
_____	_____	_____	
29. Employment Status	30. Employer	31. Employment Duration	
_____	_____	_____	
32. Title	33. Gross Income	34. ID State	
_____	_____	_____	
35. Occupancy Status	36. Occupancy Duration		
_____	_____		

SEFCU is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. All sums paid in on shares in joint accounts are owned jointly, with the right of survivorship, and are subject to the withdrawal by, or receipt of, either party. Payment to either joint owner or a survivor shall be presumed valid and releases SEFCU from any liability for such payment, absent gross negligence by SEFCU. By signing you agree to be bound by the terms and conditions for this account as outlined in the Member Benefits Guide. Your signature also authorizes SEFCU to obtain a consumer credit report in connection with this process; and at your request, the Credit Union will supply the name and address of any credit bureau from which it will receive, or has received, a consumer report on you. Completion of this membership application is not to be considered as an application for credit.

<p>CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING</p> <p>Under penalties of perjury, I certify that: (1) the number shown on the form is my correct taxpayer identification number. And (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, (3) I am a U.S. person (including a U.S. resident alien).</p> <p>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.</p>

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

37.	Owner Signature	Joint Owner Signature	Membership Officer
	_____	_____	_____
38.	Joint Owner Identification		Membership Officer Name:
	_____		_____