

Membership Application



at work for you™

- New Membership New Account
 Mail-in Financial Center Account Change

Member # _____

1 Primary Account Holder Information

- Ms. Mr. Mrs.

Last Name _____ First Name & Middle Initial _____

Driver's License, State or Other ID#/Type/Issuing Agency _____

Social Security # _____ Mother's Maiden Name _____ Date of Birth _____

Residential Address _____ City _____ State _____ ZIP _____

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone () _____ Work/Daytime Phone () _____

Cell Phone () _____ Fax () _____

Email _____

- Retired Unemployed Student

Employer (If retired, former employer name) _____ School/Occupation _____

Employer or School Address _____ Employer or School Phone _____

2 Membership Eligibility

I am eligible to join Xceed in one of the following ways:

- Employee of a Select Employer Group (SEG): Company Name _____
- Community Group: Live Work Worship Attend School _____
ZIP Required _____
- Associational Group: Organization Name _____
- Immediate Family Member: Member Name _____ Relationship _____
- Household Member: Member Name _____

All applicants must provide valid identification including a state- or U.S. Government-issued photo ID. As required by federal law, the credit union must verify the identity of each person seeking to open an account (including joint owners and persons added as signatories to an account) and must maintain records of the information used to verify each person's identity.

3 Accounts and Service Options

Savings — Account Number(s) _____

(A \$5.00 minimum savings account deposit is required for membership.)

Money Market Savings Certificate: Term _____ Club Account Other _____

Checking — Account Number(s) _____

Basic Checking SeekMore Other _____

Services

ATM Check Card Online Banking Other _____

Overdraft Protection

I hereby authorize Xceed Financial Credit Union to pay overdrafts on my checking account from my other XFCU accounts. Automatic transfer fee applies. Please withdraw from my accounts in this order (1st, 2nd, etc.):

_____ Regular Savings _____ Money Market _____ Line of Credit _____ Other _____

Courtesy Pay

- I would like to opt out of Courtesy Pay. I would like to opt in to all channels of Courtesy Pay.
 I would like to opt in to only the check-clearing and ACH-transactions portions of Courtesy Pay.

4 Joint Owner Information

The joint owner designation will apply to all accounts listed in Section 3.

Ms. Mr. Mrs.

Last Name _____ First Name & Middle Initial _____

Driver's License, State or Other ID#/Type/Issuing Agency _____

Social Security # _____ Mother's Maiden Name _____ Date of Birth _____

Residential Address _____ City _____ State _____ ZIP _____

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone () _____ Work/Daytime Phone () _____

Cell Phone () _____ Fax () _____

Email _____

Retired Unemployed Student

Employer (If retired, former employer name) _____ School/Occupation _____

Employer or School Address _____ Employer or School Phone _____

Joint Owner Signature _____ Date _____

Check here if there are multiple joint owners: See attached Designation of Joint Ownership. In the case of multiple joint owners, the primary account holder's signature is required at the time the account is opened.

5 Beneficiary Information

Pay-on-Death Provisions: In the event of my/our death, I/we hereby designate the following beneficiaries to share equally. These designations are applicable to all accounts listed in Section 3.

Payee #1 _____ Address _____ Phone _____

Date of Birth _____ Social Security # _____ Relationship _____

Payee #2 _____ Address _____ Phone _____

Date of Birth _____ Social Security # _____ Relationship _____

Payee #3 _____ Address _____ Phone _____

Date of Birth _____ Social Security # _____ Relationship _____

Check here if you have more than three beneficiaries: See attached Designation of Beneficiary.

6 Certification for Taxpayer Identification Number and Account Agreement

A. Certification for Taxpayer Identification: Under penalty of perjury, I certify that: (1) the number on this form referenced above is my correct Social Security number/taxpayer identification number (TIN); (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 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 withholding; and (3) I am a U.S. person or resident alien. Note: I must cross out item (2) above if I have been notified by the IRS that I am currently subject to backup withholding.

B. Account Agreement: I/We agree to conform to the credit union bylaws, the terms and conditions of the Membership Application, and all credit union Agreements and Disclosures. I/We hereby apply for membership, and I/we authorize Xceed Financial Federal Credit Union to verify all the information supplied herein, and to verify my/our creditworthiness. **The Internal Revenue Service does not require consent to any provision of this document other than the certification required to avoid backup withholding.**

Primary Account Holder Signature _____ Date _____

In the case of multiple joint owners, the primary account holder's signature is required at the time the account is opened.

For Office Use Only

Membership Officer Approval _____

Representative Name _____

Office# _____ Date _____



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