

# 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)						
MALE FEMALE	LAST NAME (JR., SR.)	FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY #/ TIN	
STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE # (     )	
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP	CELL PHONE # (     )	
IDENTIFICATION TYPE Driver's Lic/State ID Military ID Passport Other _____	NUMBER	STATE/COUNTRY	EXPIRATION DATE		MEMBERSHIP ELGIBILITY Employer    Association    Family	
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 FEMALE	LAST NAME (JR., SR.)	FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY #/ TIN	
STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE # (     )	
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP	CELL PHONE # (     )	
IDENTIFICATION TYPE Driver's Lic/State ID Military ID Passport Other _____	NUMBER	STATE/COUNTRY	EXPIRATION DATE			
MOTHER'S MAIDEN NAME		EMAIL ADDRESS				
EMPLOYER		DATE STARTED	OCCUPATION/TITLE		EMPLOYER PHONE # (     )	

JOINT OWNER 2, if applicable						
MALE FEMALE	LAST NAME (JR., SR.)	FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY #/ TIN	
STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE # (     )	
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP	CELL PHONE # (     )	
IDENTIFICATION TYPE Driver's Lic/State ID Military ID Passport Other _____	NUMBER	STATE/COUNTRY	EXPIRATION DATE			
MOTHER'S MAIDEN NAME		EMAIL ADDRESS				
EMPLOYER		DATE STARTED	OCCUPATION/TITLE		EMPLOYER PHONE # (     )	



■ PAYABLE ON DEATH (POD) ACCOUNT

Provide the following information to designate a POD beneficiary. Upon the death of the last account holder, ownership of the account will be divided equally among the surviving beneficiaries listed below. I/we understand that I/we can individually or jointly withdraw the funds in these accounts during my/our lifetime. I/we understand these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

Table with 5 columns: BENEFICIARY NAME, ADDRESS, DATE OF BIRTH, RELATIONSHIP, SOCIAL SECURITY #. Two rows for beneficiary information.

ACCOUNT TYPE AND SERVICES (check all that apply)

Form for account type and services including options like Share/Savings, Share Draft/Checking, ATM Card, Debit MasterCard, and Cards requested (Primary Member, Joint Owner 1, Joint Owner 2).

ESTIMATED ACCOUNT ACTIVITY (check all that apply)

Table with 3 columns: Account Product Activity, Account Product Activity, Account Product Activity. Rows include ACH, Debit Card, Online Banking, Money Orders, Wire Transfer, E-Statements, Mobile Banking, Bill Pay, and Monthly Cash Deposits/Withdrawals.

IMPORTANT IRS INFORMATION - TIN CERTIFICATION

- Checkboxes for IRS certification: I certify in accordance with IRS W-9 instructions... I am subject to backup withholding... I am a foreign person other than a U.S. resident alien...

SIGNATURES

By signing this application, You hereby make application for membership in Southern Security Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to us. You and all joint owners agree to be bound by the agreements set forth in the Membership and Account Agreement and to all bylaws, rules and regulations of Southern Security Federal Credit Union now in effect and as amended or adopted hereafter.

Signature lines for Member and Joint Owners 1 and 2, including checkboxes for 'X' and fields for DATE.

CREDIT UNION USE ONLY

IDENTIFICATION VERIFIED

Staff signature and date line for Identification Verified, with checkboxes for Primary Member, No Match, and Other.

MEMBERSHIP OPENED/APPROVED

Staff signature and date line for Membership Opened/Approved, with checkboxes for Joint Owner 1, 2, No Match, and Other.

ELIGIBILITY VERIFIED/DOCUMENTS SCANNED

Staff signature and date line for Eligibility Verified/Documents Scanned, with checkboxes for Beneficiary 1, 2, No Match, and Other.

SHARE DRAFT/CHECKING

Staff signature and date lines for Share Draft/Checking.

Status and Account Number fields.