



SFCU Membership Application & Questionnaire

Please complete all sections, front and back.

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 when opening a new 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 may also ask to see your driver's license or other identifying documents.

Name: _____

SSN/TIN: _____

Mailing Address: _____

ID Type: _____

ID Number: _____

Physical Address: _____

ID Issuing State: _____ ID Issuing Date: _____

ID Expiration Date: _____ Date of Birth: _____

Telephone: Cell _____ Work _____

Email: _____

Other (Landline?) _____

Employer: _____

Occupation: _____

- Are you or have you ever been a member of the Credit Union? Y N If so, When? _____
- What is your Membership Qualification? (You must live, work, or worship in Sweetwater County). _____

*Proof of address is required. Additional membership verification may be required if you do not live in Sweetwater County.

- What type of account would you like to open? (Mark all that apply. A savings account is required for all members).
 Savings Checking Loan Share Certificate IRA

- Will you be opening the account with cash, check, or a cashier's check? Required opening deposit is \$5.00.

- Will the ownership of this account be: Individual Joint Fiduciary (i.e. Rep Payee, Custodian)

If Joint Account, enter joint owner information below (*joint owner must also be present to open joint account):

Name: _____

SSN/TIN: _____

Mailing Address: _____

ID Type: _____

ID Number: _____

Physical Address: _____

ID Issuing State: _____ ID Issuing Date: _____

ID Expiration Date: _____ Date of Birth: _____

Telephone: Cell _____ Work _____

Email: _____

Other (Landline?) _____

Employer: _____

Occupation: _____

- Payable on Death/Beneficiary Name: _____
- Beneficiary's relationship to account owner: _____

Please indicate the account services you anticipate using:

- | | |
|---|---|
| <input type="checkbox"/> Cash Deposits | <input type="checkbox"/> Teller Checks |
| <input type="checkbox"/> Cash Withdrawals | <input type="checkbox"/> Home Banking |
| <input type="checkbox"/> Check Deposits | <input type="checkbox"/> Bill Pay (checking account required) |
| <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> Debit Card (checking account required) |
| <input type="checkbox"/> Wire Transfers | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> ACH Transactions | <input type="checkbox"/> Checks (checking account required) |

- Would you like to speak to a loan officer about applying for a new loan or applying to refinance any loans you currently have?
 Yes No
- How did you hear about us? _____
- Are you an elected official? Yes No.
- Are you or any owners a Politically Exposed Person (PEP)? Yes No

(a Politically Exposed Person is an individual who is or has been entrusted with prominent public functions, including head of state or government; senior politician; a senior government, judicial, or military official; senior executive of a publicly-owned corporation; and important party official).

Signature

Date