



MEMBERSHIP APPLICATION

Account # Individual Account Joint Account Youth Account Account Update

I/We hereby make application for membership in DEXSTA Federal Credit Union. I/We agree to provide valid identification (ID). Valid IDs are un-expired government issued photo identification such as: State-issued Driver's License, State-issued ID card, Passport or Military ID. I/We understand that all name changes require proper documentation (i.e. copy of marriage license, court order, etc.). **I/We understand that a deposit of at least \$5 is required to open the account and all checks or money orders should be made payable to me/us.**

PRIMARY MEMBER INFORMATION (PRINT LEGIBLY)

FULL LEGAL NAME - MR./ MRS./ MS. (CIRCLE ONE)		SOCIAL SECURITY NUMBER/TAX I.D. #	
PERMANENT ADDRESS		CITY/ STATE/ ZIP	
MAILING ADDRESS (IF DIFFERENT)		CITY/ STATE/ ZIP	
TYPE OF IDENTIFICATION (CHECK ONE): <input type="checkbox"/> License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military ID		IDENTIFICATION NUMBER (COPY ATTACHED)	STATE ISSUED
DATE OF BIRTH (MM/ DD/ YYYY)		MEMBERSHIP ELIGIBILITY (CHECK ONE): <input type="checkbox"/> Live in New Castle County <input type="checkbox"/> I do not live in NCCo. I have attached identification that I work, worship or attend school in NCCo.	
HOME PHONE ()	CELL PHONE ()	WORK PHONE ()	EXT.
EMPLOYER		EMPLOYER'S ADDRESS	
E-MAIL ADDRESS		FOR SECURITY PURPOSES, MOTHER'S MAIDEN NAME OR PASSWORD (CIRCLE ONE)	
NAME OF RELATIVE NOT LIVING WITH YOU		PHONE NUMBER ()	

JOINT OWNER INFORMATION

JOINT OWNER: FULL LEGAL NAME - MR./ MRS./ MS. (CIRCLE ONE)		SOCIAL SECURITY NUMBER/TAX I.D. #	
ADDRESS		CITY/ STATE/ ZIP	
TYPE OF IDENTIFICATION (CHECK ONE): <input type="checkbox"/> License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military ID		IDENTIFICATION NUMBER (COPY ATTACHED)	STATE ISSUED
DATE OF BIRTH (MM/ DD/ YYYY)	RELATIONSHIP TO PRIMARY MEMBER		
HOME PHONE ()	WORK PHONE ()	EXT.	

OPTIONAL BENEFICIARY Designation of Beneficiary/ Payable on Death (POD) Payees Information

The party(s) listed below will be considered my/our Payable on Death (POD) beneficiary(s) and if they survive me/us they will receive any unencumbered amounts in my/our DEXSTA account(s). After the death of all holders on the affected account(s), the POD payee(s) beneficiary(s), shall share all funds available in equal parts.

POD BENEFICIARY: FULL LEGAL NAME - MR./ MRS./ MS. (CIRCLE ONE)		SOCIAL SECURITY NUMBER/TAX I.D. #	
ADDRESS		CITY/ STATE/ ZIP	
DATE OF BIRTH (MM/ DD/ YYYY)	RELATIONSHIP TO MEMBER		
POD BENEFICIARY: FULL LEGAL NAME - MR./ MRS./ MS. (CIRCLE ONE)		SOCIAL SECURITY NUMBER/TAX I.D. #	
ADDRESS		CITY/ STATE/ ZIP	
DATE OF BIRTH (MM/ DD/ YYYY)	RELATIONSHIP TO MEMBER		

PLEASE CONTINUE ON REVERSE SIDE

SELECTION OF MEMBER SERVICE ACCOUNTS

I/We wish to apply for the services below now. I/We may also apply by calling, writing or visiting any branch office at a later date.

- | | |
|--|--|
| <input type="checkbox"/> Savings (Share) Account - \$5 minimum balance | <input type="checkbox"/> VISA/ MasterCard* |
| <input type="checkbox"/> Online Banking/ Touch-Tone-Teller | <input type="checkbox"/> Share Certificate - \$1,000 minimum balance |
| <input type="checkbox"/> ATM/ VISA Check Card | <input type="checkbox"/> IRA Certificate - \$100 minimum balance |
| <input type="checkbox"/> Checking (Share Draft) Account | <input type="checkbox"/> Christmas Club Account |
| <input type="checkbox"/> Line of Credit* (Overdraft Protection) | <input type="checkbox"/> Money Market Account |

* Separate applications and disclosures may apply.

FOR MEMBERSHIP

As required by the USA Patriot Act and for account verification, I/we have included:

- | | |
|--|---|
| <input type="checkbox"/> A copy of a government issued ID (for all applicants) | <input type="checkbox"/> \$5.00 minimum deposit |
|--|---|

If I/we do not reside in New Castle County, Delaware, I/we have included:

- | | | |
|--|---|--|
| <input type="checkbox"/> A copy of a paycheck stub | <input type="checkbox"/> A copy of a church donation envelope | <input type="checkbox"/> A copy of school registration |
|--|---|--|

AUTHORIZATION AND SIGNATURES

By signing below, I/we understand that the personal information I/we provide must be verified by the Credit Union as required by the USA Patriot Act. I/We understand that if this personal information cannot be verified, the Credit Union cannot open the account or add new owners. In considering my/our application, the Credit Union may also request and use reports from outside reporting agencies or services. Reports may also be requested and used in connection with renewal or continuation of the service for which I am/ we are applying. I/We understand that the Credit Union reserves the right to verify my/our eligibility for membership, whether through my address or employment. My/ Our signature(s) constitute a request for any identifying number and/or access device issued by the Credit Union in connection with such accounts. Additionally, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate, if applicable, and to any additions and amendments the Credit Union may make which are incorporated herein. I/We understand that I/we will receive a current copy of the disclosures.

SIGNATURE OF PRIMARY MEMBER X	DATE	SIGNATURE OF JOINT OWNER X	DATE
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TAXPAYER IDENTIFICATION NUMBER CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalty of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, usually a social security number, (or I am waiting for a number to be issued to me), and
- 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
- I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must 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. I understand that if I do not provide a TIN to the Credit Union within sixty (60) days, the Credit Union is required to withhold, at the required rate according to federal guidelines, all reportable interest/dividend payments thereafter made to me until I provide a valid TIN number.

SIGNATURE OF PRIMARY MEMBER X	DATE
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FOR CREDIT UNION USE ONLY

NAME	ACCOUNT #	ORIGINAL OPEN DATE
PRIMARY OWNER'S NAME CHANGED (FORMER LAST NAME):	OLD ACCOUNT #	CHANGED BY (INITIALS)

COMMENTS

CHEX SYSTEMS/ PRIMARY MEMBER

YEAR SSN # ISSUED	STATE ISSUED	# RECORDS	DATE OF RECORDS
INSTITUTION(S)			RETAIL INDICATOR(S)

CHEX SYSTEMS/ JOINT OWNER

YEAR SSN # ISSUED	STATE ISSUED	# RECORDS	DATE OF RECORDS
INSTITUTION(S)			RETAIL INDICATOR(S)

MEMBER SERVICE REPRESENTATIVE

NAME (PLEASE PRINT):	SIGNATURE:	DATE OPENED:
APPROVED BY (PLEASE PRINT):	DATE APPROVED:	DATE CLOSED:



300 Foulk Road, Suite 100 ♦ Wilmington, DE 19803 ♦ Phone: 302-571-0522 ♦ Fax: 302-772-1209