

By signing below, I/we understand that the personal information provided must be verified by the Credit Union as required under the USA Patriot Act. I/We understand that if this personal information cannot be verified, the Credit Union cannot open the account. In considering my/our application the Credit Union may also require 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 signature constitutes 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.

Under the penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, usually a social security number.

2. I am not subject to backup withholding because:

A) I am exempt from backup withholding.

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.

C) The IRS has notified me that I am no longer subject to backup withholding

3. 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.

Signature: _____

Date: _____



DEXSTA
Federal Credit Union

Serving the New Castle County Community

302.571.0522

www.dexsta.com



**Are You a Teen
Who Craves
Financial
Independence?**



Ages 13 - 17

**A savings program
personalized just for teens!**

**Making Financial Success
Achievable!**



DEXSTA
Federal Credit Union

Serving the New Castle County Community

Give Yourself a Financial Head Start!

DEXSTA Federal Credit Union offers an attractive savings account for teens between the ages of 13 and 17. The \$TASH account is a unique and highly personalized program that helps you to establish the perfect foundation for future financial success, while reinforcing the tenets of fiscal responsibility.

This savings program is loaded with features that will help you to navigate the treacherous road to financial independence. With lucrative rewards for disciplined saving, a \$tash account with DEXSTA will prove to be a much better alternative to spending it all at the mall!

Get on the road to financial success today!

Contact us for more information.

302.571.0522

www.dexsta.com

DEXSTA \$TASH

Account:

A Teen Savings Program for Ages 13 - 17

About the program:

The DEXSTA \$TASH account's unique features offer numerous benefits and incentives to its holders, including:

- Share Savings with Punch Card*
- Reloadable Debit Card
- Guides to Independence:™ Free financial interactive tutorials -Learn how to save and manage your money. Get free music downloads
- Online Newsletter every quarter
- Interactive Web site AJ's and C-Note University

*Punch card details:

For each deposit you'll receive a punch on your card. After eight deposits, you'll earn a \$20.00 Visa gift card. You must also have a current share savings balance of \$200.00 or more in your account. In order to receive your second gift card, you must save an additional \$200. Limit two gift cards per year. Deposit transfers not applicable. Card must be presented to the teller at the time of deposit. Program subject to change at the discretion of DEXSTA Federal Credit Union.

Membership Application

Please Print:

Primary Member Information:

Name (Last, First, Middle Initial) _____

Social Security Number _____

Address _____

City _____ State ____ Zip _____

Date of Birth (mm/dd/yyyy) _____

ID# _____ State Issued _____

Mother's Maiden Name/Password _____

Home Phone Number _____

E-mail: _____

Parent or Guardian Information:

Name (Last, First, Middle Initial) _____

Social Security Number _____

Address _____

City _____ State ____ Zip _____

Date of Birth (mm/dd/yyyy) _____

Relationship to Member _____

ID# _____ State Issued _____

Home Phone Number _____

Work/Cell Phone _____

Employer _____

E-mail: _____