

MEMBERSHIP APPLICATION

Account # _____ Account Type _____ New 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		SOCIAL SECURITY NUMBER/TAX I.D. #	
PERMANENT ADDRESS		CITY/ STATE/ZIP	
MAILING ADDRESS (IF DIFFERENT)		CITY/ STATE/ZIP	
TYPE OF IDENTIFICATION	IDENTIFICATION NUMBER (RETAIN COPY)	STATE ISSUED	
DATE OF BIRTH (MM/ DD/YYYY)	MEMBERSHIP ELIGIBILITY		
HOME PHONE	CELL PHONE	WORK PHONE	EXT.
EMPLOYER	EMPLOYER'S ADDRESS		
E-MAIL ADDRESS	FOR SECURITY PURPOSES, MOTHER'S MAIDEN NAME OR PASSWORD		
NAME OF RELATIVE NOT LIVING WITH YOU		PHONE NUMBER	

JOINT OWNER INFORMATION

JOINT OWNER: FULL LEGAL NAME		SOCIAL SECURITY NUMBER/TAX I.D. #	
ADDRESS		CITY/ STATE/ZIP	
TYPE OF IDENTIFICATION	IDENTIFICATION NUMBER	ISSUED BY	
DATE OF BIRTH (MM/ DD/YYYY)	RELATIONSHIP TO PRIMARY MEMBER		
HOME PHONE	WORK PHONE	EXT.	

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

PLEASE CONTINUE



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.

- | | |
|---|---|
| Savings (Share) Account - \$5 minimum balance | VISA/ MasterCard* |
| Online Banking/ Touch-Tone-Teller | Share Certificate - \$1,000 minimum balance |
| ATM/ VISA Check Card | IRA Certificate - \$100 minimum balance |
| Checking (Share Draft) Account | Christmas Club Account |
| Line of Credit* (Overdraft Protection) | Money Market Account |
| Kasasa Cash | Kasasa Cash Back |
| Kasasa Cash with Saver | Kasasa Cash Back with Saver |

* Separate applications and disclosures may apply.

FOR MEMBERSHIP

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

A copy of a government issued ID (for all applicants) \$5.00 minimum deposit

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

A copy of a paycheck stub A copy of a church donation envelope 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 JOINTOWNER 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 (TIN), 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 or U.S. resident alien.
- The FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA, reporting is correct.

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 a TIN is required to open any account with the Credit Union. Complete a W8-BEN if you are not a U.S. Person. If a W8-BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) Exemption from FACTA Reporting code (if any)

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

COMMENTS

CHEX SYSTEMS/ PRIMARY MEMBER

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

CHEX SYSTEMS/ JOINT OWNER

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

MEMBER SERVICE REPRESENTATIVE

NAME	SIGNATURE	DATE OPENED
APPROVED BY	DATE APPROVED	DATE CLOSED

