



State College Federal Credit Union
 724 B South Atherton St
 Card
 State College, PA 16801

Membership & Account
 Application & Account

PLEASE TELL US ABOUT YOURSELF

I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNT(S):

- Share Savings Share Draft Checking
 Holiday Club
 Youth Account

Share Certificate with the following terms:

- 3 months 6 months 12 months 18 months
 24 months

I AM:

- A New Member. I qualify for membership because:
 I am employed at one of the following companies:

 I am an immediate family member of a current member.
 Current member name: _____ Relationship to current member: _____

Member # _____ **Draft #** _____

I AM THE Primary Account Owner Trustee **My information is as follows:** (Existing members only need to complete name & SSN)

Last Name Middle	First Name	Social Security #
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Address(must be a street address; PO Boxes are not acceptable) State Zip	APT/Unit#	City
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Mailing Address(If different then address above, EX. PO BOX)	Years at Residence
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Driver's License #(We need a copy if opening new account)	State of Issue	Date of Birth
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- I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing:
 Government-Issued ID Card, # _____, State: U.S. Military ID Card, # _____
 U.S. Passport, # _____ Permanent Resident Card, # _____
 Other, Describe:

Home Phone Number	Cell Phone Number	Work Phone Number EXT
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Home E-Mail Address	Work E-Mail Address
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JOINT OWNER ONLY OWNER ON THE ACCOUNT **ADDITIONAL TRUSTEE ON MY ACCOUNT(DO NOT COMPLETE IF YOU WILL BE THE**

Last Name Middle	First Name	Social Security #
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Home Address(Must be a street address; PO Boxes are not acceptable) State Zip	APT/Unit#	City
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Mailing Address (if different then address above, EX. PO BOX)	Years at Residence
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Driver's License#(We need a copy if opening a new account)	State of Issue	Date of Birth
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I do not have a state-issued Driver's License. In order of you to verify my identity, I am providing:

Government-issued ID Card, # _____, State: U.S. Military Card, # _____

U.S. Passport, # _____ Permanent Resident Card, # _____

Other, Describe: _____

Home Phone Number

Cell Phone Number

Work Phone Number

EXT

Home E-Mail Address

Work E-Mail Address

IF YOU HAVE ADDITIONAL JOINT OWNERS OR TRUSTEES, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION. ALL JOINT OWNERS OR TRUSTEES MUST SIGN THIS APPLICATION.

(optional) I would like the following payable-on-death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die):

POD Beneficiary Name

Address

City

Zip

Phone Number

Social Security #

Date of Birth

Trust Account (Complete if you are a Trustee applying for an account on behalf of a Trustee)

TRUST ACCOUNT INFORMATION

This account is being opened on behalf of a living trust.

Legal Name of Trust: _____ Trust

TIN: _____

Name of Trustee: _____ Name of

Trust: _____

Name of Grantor (if Different than Trustee): _____

Eligibility for Membership of Grantor (if grantor is different than trustee): _____

Name of Beneficiary: _____ Relationship to

Grantor: _____

Beneficiary SSN: _____

Beneficiary Address: _____

Beneficiary Eligibility for Membership: _____

Please provide your Trustee information above.

Trustee Certification & Agreement By signing this Application, Trustee (Whether one or more) certifies that he/she is the duly authorized Trustee for the Trust named herein, and is duly authorized to open accounts, transact business, encumber or pledge Trust accounts and assets, and execute agreements with the credit union. Trustee and any Successor Trustee agrees to present appropriate and complete Trust documents and any other documentation as requested by credit union from time to time.

Under the terms of the document(s) creating and governing the trust, any one trustee (including a successor trustee that has assumed the role of trustee) is authorized without limitation to make any instruction or execute any transaction on an account owned by the trust as if the trustee owned the account personally and alone. The trustee certifies that the terms of the trust document are not in conflict with any term contained in this document. Trustee understands and agrees that the accounts listed above are owned by the trust.

The credit union is authorized to comply with the direction of any one trustee concerning any transaction or instruction on an account. Requests for withdrawal, orders for payment on other transactions on the trust's account(s) evidenced by the trustees signature may be honored even if the trustee omits the title "Trustee" from his or her signature or otherwise fails to indicate a representative capacity, the intent being that the trustee is acting in a representative capacity. We have no duty to inquire or investigate regarding the use of purpose of any transaction of the propriety or impropriety of an action taken by the trustee.

The credit union reserves the right to require written consent of all trustees for any transaction on an account, including transfer or withdrawal of funds, or for a change or termination of an account. If the credit union receives notice concerning a dispute over an account or inconsistent instructions from trustee, the credit union may suspend or terminate the account or require a court order or written consent from all trustees to act. The trustee(s), personally and as representative for the trust, agrees to indemnify and hold the credit union harmless from any and all claims, suits, actions, damages, judgements, liabilities, losses, costs, charges, and expenses, including court costs and attorney's fees that the credit union shall or may sustain resulting from a trustee's misconduct or misrepresentation.

By signing this Application, Trustee agrees and understands that he is signing on behalf of the Trust and has no voting rights in the Credit Union in connection with his representative capacity and must qualify in his personal capacity in order to become a member of the Credit Union.

ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:

Debit/Check Card attached to my Checking Account (use at ATM's and for purchases at places that accept the Card)

Additional Card for Joint Owner.

E-Statements: YES, send me my statement in electronic format to my e-mail address listed below. I understand that I will not receive paper statements via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Statement service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the statements in PDF format.

Please send statements to the following e-mail address:

Home Banking & Bill Pay are available by logging on to our website and following the instructions.

Overdrafts

Please tell us how you would like overdrafts to be treated by completing the following:

1. **Overdraft Protection Plan** Under the Overdraft Protection Plan, I may authorize you to pay transactions that would cause an overdraft of my checking account by transferring funds from an existing savings account. If I elect Overdraft Protection, you will look to this plan for funds to cover my overdrafts before you use your standard overdraft procedures. If I choose not to elect Overdraft Protection, or I have insufficient funds in my account to cover the overdrafts, then your standard overdraft practices will govern. Under those practices, you may (but don't have to) pay checks and automatic bill payments that cause overdrafts: if you do so, you will charge me a fee. If an ATM transaction or one-time debit card transaction causes the overdraft, I must tell you if I want you to pay such transactions or to decline such transactions.

YES, I would like Overdraft Protection. Please pay any overdrafts in my checking account by withdrawing deposit account funds as follows:

(Indicate the order you would like funds transferred by placing 1 for first choice, 2 for second choice, etc. If there are not sufficient available funds in your first choice, then funds will be transferred from your second choice, etc.):

_____ Regular Share Savings Account _____ Secondary Share Savings Account

I will be charged a fee for this service in the amount of \$3.00. (THIS FEE WILL BE \$5.00 AS OF 11/1/2015)

NO Thanks, I will use your standard overdraft practices.

TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (Check applicable boxes):

I am not subject to backup withholding

I am subject to backup withholding

I am a U.S. Citizen

I am not a U.S. Citizen and agree to complete

a W-8 or other applicable form

THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Authorized Signatures

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-In-Savings disclosures and Rates and Fees Schedule, and Visa Disclosures and to any amendments made thereto.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.

Permission to contact: By providing a wireless telephone number (i.e. Cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 who opens an account. This means that 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 will also ask to see your driver's license and scan it in to our operating system or request other identifying information.

Signature of Primary Account Owner Trustee

Date
(DO NOT PRINT)

X

Signature of Joint Account Owner Trustee

Date
(DO NOT PRINT)

X

Signature of Joint Account Owner Trustee

Date
(DO NOT PRINT)

X

Signature of Joint Account Owner Trustee

Date
(DO NOT PRINT)

X

CREDIT UNION USE ONLY

CIP: Verification Completed by: Document described in APP

Non-Documentary 3rd Party Verification(credit bureau, etc.-
describe)_____

Reference from _____ Contacted member by Phone Mail E-Mail

Discrepancy/Not Verified(Describe) _____ TIN Applied for
but not yet received

Services Approved: Share Savings Checking Trust Account Youth Share Account Holiday Club Account

Check Card Overdraft Protection Special Account-additional paperwork received

Teller: _____

BOARD MEMBER REVIEW

REVIEWED BY BOARD MEMBER:

DATE: _____