MISSION FED CREDIT UNION

Event _____

Employee/BD or Branch _____

NEW ACCOUNT APPLICATION

Thank you for your interest in opening an account with Mission Fed. We make it easy! Please print and use a blue or black pen to complete and sign this application.

I'm interested in these services (please check all that apply): Opening Deposit $ _____

☐ Savings Account ☐ Easy Checking with a Debit Card and check writing option ☐ Breeze Spending Account with a Debit Card

Primary Member

Last Name First Name Middle Initial

Social Security Number Date of Birth Mother's Maiden Name

Primary Identification (Gov. Issued): ID Type/Number, Issue Date, Expiration Date
Gov. Issued: Driver License, State ID, Passport, etc.

Secondary Identification (Gov. or Non-Gov. Issued): ID Type/Number, Issue Date, Expiration Date
Non-Gov. Issued: Work ID, Debit/Credit card, Insurance card, Costco card, etc.

Physical Street Address (No P.O. Box) Apartment/Unit Number City, State, Zip

Mailing Address Apartment/Unit Number City, State, Zip

Home Phone Number Cell Phone Email Address

Employer Occupation Work Phone

Best Way to Contact ☐ Call Home ☐ Call Cell ☐ Call Work ☐ Email

☐ Check here if this is an Informal Trust (Payable On Death) Account and please name your beneficiaries:

Name _____ Date of Birth (MM/DD/YYYY) _____

Name _____ Date of Birth (MM/DD/YYYY) _____

Certification of Taxpayer Identification Number (W-9)
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding due to a failure to report interest and dividend income, and
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 you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

IMPORTANT INFORMATION 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. What this means for you: When you open an account, we will ask your name, street address, date of birth, tax identification number, and other information that will identify you. We may ask to see your driver license and/or identifying documents.

By signing below, you are applying for credit union membership. You authorize the use of consumer reports from third parties, including but not limited to, credit checks, depository history information and verification of employment. You acknowledge receipt of and agree to be bound by the terms and conditions of Mission Fed's Account Agreements and Disclosures, Truth-in-Savings Act Disclosure, Privacy Policy, Dividend and Consumer Fee Schedule, and all Agreements and Disclosures applicable to Credit Union products and services you utilize, plus all amendments to any disclosures, terms and agreements. Your signature also certifies that you have read and verified the Certification of Taxpayer Identification Number (W-9) above.

Signature of Primary Member **Date**

For Mission Fed Use Only:

Mission Fed Account #: _____

Date Opened: _____ ☐ **Regular Membership** ☐ **Informal Trust**

ID verified by:

Employee ID: _____

Signature: _____

ID Address Match: ☐ **Yes** ☐ **No**

Address Exception: ☐ **Yes** ☐ **No**