



Account # / Suffix \_\_\_\_\_

### MEMBERSHIP APPLICATION

#### PRIMARY OWNER INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Citizenship Status  US Citizen  Permanent Resident Alien  Resident Alien  Non-Resident Alien

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Birth Place \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Driver's License  State Identification Card  Passport  Matricula Consular

Government – Issued ID/Driver's License # \_\_\_\_\_ Issuing State/Country \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from Physical street address)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employment Status \_\_\_\_\_ Monthly Gross Income \$ \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ Length of Employment \_\_\_\_\_ yrs \_\_\_\_\_ mos

Typical source of deposit (income), check all that apply:

- Social Security  Retirement Benefits  Investments  Rental Income  Inheritance  Trust
- Employer  Self Employed  Other \_\_\_\_\_

Former Occupation \_\_\_\_\_ if Retired, Unemployed, Student or Homemaker

Will you be sending wires?  Yes  No If yes, check all that apply  Domestic  International  Domestic and International

Will you be receiving wires?  Yes  No If yes, check all that apply  Domestic  International  Domestic and International

#### PRIMARY OWNER ELIGIBILITY INFORMATION

Live, work, worship, attend school in \_\_\_\_\_ County

Family member name: \_\_\_\_\_ Member #: \_\_\_\_\_

Alumni (graduate) of school located in \_\_\_\_\_ County

Spouse of deceased member name: \_\_\_\_\_ Member #: \_\_\_\_\_

Household: \_\_\_\_\_ Member #: \_\_\_\_\_

Other: \_\_\_\_\_

#### CONSENT TO CONTACT

**BY SIGNING BELOW, YOU AUTHORIZE SUNCOAST CREDIT UNION TO DELIVER OR CAUSE TO BE DELIVERED TO YOU AT THE TELEPHONE NUMBERS PROVIDED, ADVERTISING AND TELEMARKETING CALLS AND TEXT MESSAGE(S) USING AN AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR ARTIFICIAL OR PRERECORDED VOICE. YOU ARE NOT REQUIRED TO SIGN THIS AUTHORIZATION OR ENTER INTO THIS AGREEMENT AS A CONDITION OF PURCHASING ANY PROPERTY, GOODS OR SERVICES. You may withdrawal the consent provided herein at any time by providing written notice to us at Suncoast Credit Union PO Box 11904 ATTN: MSS-001, Tampa, FL 33680, by email at [member.service@suncoastcreditunion.com](mailto:member.service@suncoastcreditunion.com), via phone at (800) 999-5887, or by any other reasonable means.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### CREDIT UNION USE ONLY

New  Reopen  Replacement Date \_\_\_\_\_ Service Center \_\_\_\_\_ Processor \_\_\_\_\_



Account # \_\_\_\_\_ Suffix \_\_\_\_\_

### JOINT APPLICATION

#### JOINT OWNER INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Citizenship Status  US Citizen  Permanent Resident Alien  Resident Alien  Non-Resident Alien

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Birth Place \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Driver's License  State Identification Card  Passport  Matricula Consular

Government – Issued ID/Driver's License # \_\_\_\_\_ Issuing State/Country \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employment Status \_\_\_\_\_ Monthly Gross Income \$ \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ Length of Employment \_\_\_\_\_ yrs \_\_\_\_\_ mos

Typical source of deposit (income), check all that apply:

Social Security  Retired Benefits  Investments  Rental Income  Inheritance  Trust

Employer  Self Employed  Other \_\_\_\_\_

Former Occupation \_\_\_\_\_ if Retired, Unemployed, Student or Homemaker

#### CREDIT UNION USE ONLY

New  Reopen  Add Joint Owner  Other: \_\_\_\_\_

Date \_\_\_\_\_ Service Center \_\_\_\_\_ Processor \_\_\_\_\_

**SIGNATURE CARD**
**ACCOUNT TYPE**

Separate Signature Card required for each account.

 Regular Membership Share   
  Special Share/Savings   
  Smart Checking   
  Money Market

**ACCOUNT OWNERSHIP**
 Single Party   
  Representative Payee   
  Uniform Transfer to Minor   
  Estate   
  Guardianship  
 Payable on Death   
  Joint (Multiple Parties with Survivorship Rights)  
 Trust (see Trust Request Form for specific trust account information and ownership)

**ACCOUNT OWNERS**

1. Owner Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

2. Joint Owner Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

3. Joint Owner Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

4. Joint Owner Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

5. Joint Owner Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

**ATM/DEBIT CARD**
 Suncoast Visa Debit Card   
  Access 24 ATM Card

**BENEFICIARY(IES)**

The account owner(s) designated above hereby revoke(s) any and all prior pay-on-death beneficiary designations for the account suffix listed above and hereby designate(s) the surviving Pay-On-Death Beneficiary(ies) listed below to receive all funds in such account upon the death of the last surviving owner of such account.

Upon the death of any account owner, ownership of the account passes to the surviving account owner(s), if any. Upon the death of the last surviving account owner, ownership of the account(s) passes to the surviving Pay-On-Death Beneficiary(ies) in equal shares. If no Pay-On-Death Beneficiary(ies) survive the last surviving account owner, ownership of the account(s) passes to the estate of the last surviving account owner. See your account agreement and disclosures for other terms governing the account(s).

_____ Beneficiary Name	_____ Date of Birth	_____ SSN	_____ Relationship
_____ Beneficiary Name	_____ Date of Birth	_____ SSN	_____ Relationship
_____ Beneficiary Name	_____ Date of Birth	_____ SSN	_____ Relationship
_____ Beneficiary Name	_____ Date of Birth	_____ SSN	_____ Relationship

**CHECKING OVERDRAFT TRANSFER PROTECTION**
**Transfer Source(s):**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

## DISCLOSURES

As used below, "I" refers to each person signing this Signature Card; "Credit Union" refers to Suncoast Credit Union.

I warrant, acknowledge and agree as follows: (1) the Owner named above hereby applies for Credit Union membership; (2) I hereby request the account(s) and services indicated above; (3) All information set forth in this Signature Card and all information provided to the Credit Union in my Membership Application/Joint Application (as applicable) is correct and complete; (4) I agree to the Credit Union's Bylaws; (5) I agree to and acknowledge receipt of the terms and conditions of all Credit Union accounts and services requested by me as set forth in the Credit Union Account Agreement and Disclosure, all applicable account disclosures, the Fee Schedule and any amendments to such documents made by Credit Union in its sole discretion hereafter; and (6) **I authorize Credit Union to obtain and verify any and all information related to me and my employment, income and credit history, including, without limitation, consumer reports from credit reporting agencies, at any time hereafter as determined by Credit Union in its sole discretion.**

**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 for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Overdraft Transfer Protection Agreement**

If I elected "Yes" for Overdraft Transfer Protection, the following terms apply. I agree that writing a check or otherwise making any withdrawal or transaction for more than my available balance in my checking account shall constitute a request for an overdraft transfer from my regular share (savings) account, Suncoast VISA Credit Card, personal line of credit or equity line of credit in the order listed above. Transfers shall be made in increments of \$100 or the available balance. Credit Union may (or may not) make an overdraft transfer as determined by Credit Union in its sole discretion; Credit Union shall not be liable for failure to make an overdraft transfer to cover a check. Any loan advance for an overdraft transfer from a personal line, equity line, or Suncoast VISA credit card shall be subject to the terms and conditions of such line of credit/credit card.

**Access 24 ATM Card/Suncoast Visa Debit Card**

If I elected to obtain an ATM Access 24 Card, or Suncoast Visa Debit Card I agree to and acknowledge receipt of the Account Agreement and Disclosure including, but not limited to, the Electronic Funds Transfer Agreement and Disclosure. I hereby authorize the Credit Union's issuance of a Card or Cards to any or all of the persons signing this Signature Card below upon their request.

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

**Under penalties of perjury, I certify that: (1.) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and  (2.) 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 (3.) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulation Section 301.7701-7). (4.) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

**Certification Instructions.** Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any)\_\_\_\_\_

Exemption from FACTA reporting code (if any)\_\_\_\_\_

Date\_\_\_\_\_

Signature (1)\_\_\_\_\_

Date\_\_\_\_\_

Signature (2)\_\_\_\_\_

Date\_\_\_\_\_

Signature (3)\_\_\_\_\_

Date\_\_\_\_\_

Signature (4)\_\_\_\_\_

Date\_\_\_\_\_

Signature (5)\_\_\_\_\_

## CREDIT UNION USE ONLY

New  Reopen  Add Joint Owner  Other \_\_\_\_\_

Date\_\_\_\_\_ Service Center\_\_\_\_\_ Processor\_\_\_\_\_

**SIGNATURE CARD**
**ACCOUNT TYPE**

Separate Signature Card required for each account.

- 
- Regular Membership Share
- 
- Special Share/Savings
- 
- Smart Checking
- 
- Money Market

**ACCOUNT OWNERSHIP**

- 
- Single Party
- 
- Representative Payee
- 
- Uniform Transfer to Minor
- 
- Estate
- 
- Guardianship
- 
- 
- Payable on Death
- 
- Joint (Multiple Parties with Survivorship Rights)
- 
- 
- Trust (see Trust Request Form for specific trust account information and ownership)

**ACCOUNT OWNERS**

1. Owner Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_
2. Joint Owner Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_
3. Joint Owner Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_
4. Joint Owner Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_
5. Joint Owner Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

**ATM/DEBIT CARD**

- 
- Suncoast Visa Debit Card
- 
- Access 24 ATM Card

**BENEFICIARY(IES)**

The account owner(s) designated above hereby revoke(s) any and all prior pay-on-death beneficiary designations for the account suffix listed above and hereby designate(s) the surviving Pay-On-Death Beneficiary(ies) listed below to receive all funds in such account upon the death of the last surviving owner of such account.

Upon the death of any account owner, ownership of the account passes to the surviving account owner(s), if any. Upon the death of the last surviving account owner, ownership of the account(s) passes to the surviving Pay-On-Death Beneficiary(ies) in equal shares. If no Pay-On-Death Beneficiary(ies) survive the last surviving account owner, ownership of the account(s) passes to the estate of the last surviving account owner. See your account agreement and disclosures for other terms governing the account(s).

_____ Beneficiary Name	_____ Date of Birth	_____ SSN	_____ Relationship
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**CHECKING OVERDRAFT TRANSFER PROTECTION**
**Transfer Source(s):**

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**Important Information About Procedures For Opening A New Account**

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Exempt payee code (if any) \_\_\_\_\_

Exemption from FACTA reporting code (if any) \_\_\_\_\_

Date \_\_\_\_\_

Signature (1) \_\_\_\_\_

Date \_\_\_\_\_

Signature (2) \_\_\_\_\_

Date \_\_\_\_\_

Signature (3) \_\_\_\_\_

Date \_\_\_\_\_

Signature (4) \_\_\_\_\_

Date \_\_\_\_\_

Signature (5) \_\_\_\_\_

## CREDIT UNION USE ONLY

New  Reopen  Add Joint Owner  Other \_\_\_\_\_

Date \_\_\_\_\_ Service Center \_\_\_\_\_ Processor \_\_\_\_\_