

MEMBERSHIP APPLICATION

Please complete the application here, then print it out, sign and return to Southern Security via mail or in-person.

PRIMARY OWNER (MEMBER)						
MALE FEMALE	LAST NAME (JR., SR.)	FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY #/ TIN	
STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE # ()	
MAILING ADDRESS <i>(if different from above)</i>		CITY	STATE	ZIP	CELL PHONE # ()	
IDENTIFICATION TYPE Driver's Lic/State ID Military ID Passport Other _____	NUMBER	STATE/COUNTRY	EXPIRATION DATE		MEMBERSHIP ELGIBILITY Employer Association Family	
	MOTHER'S MAIDEN NAME		EMAIL ADDRESS			
EMPLOYER		DATE STARTED	OCCUPATION/TITLE		EMPLOYER PHONE # ()	
EMERGENCY CONTACT	CITY & STATE			RELATIONSHIP	CONTACT'S PHONE # ()	

OWNERSHIP TYPE			
INDIVIDUAL (Sole Ownership)	JOINT (Tenants with Right of Survivorship)	UTMA	TRUST (Separate Agreement on File)

JOINT OWNER 1, if applicable						
MALE FEMALE	LAST NAME (JR., SR.)	FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY #/ TIN	
STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE # ()	
MAILING ADDRESS <i>(if different from above)</i>		CITY	STATE	ZIP	CELL PHONE # ()	
IDENTIFICATION TYPE Driver's Lic/State ID Military ID Passport Other _____	NUMBER	STATE/COUNTRY	EXPIRATION DATE		MEMBERSHIP ELGIBILITY Employer Association Family	
	MOTHER'S MAIDEN NAME		EMAIL ADDRESS			
EMPLOYER		DATE STARTED	OCCUPATION/TITLE		EMPLOYER PHONE # ()	

JOINT OWNER 2, if applicable						
MALE FEMALE	LAST NAME (JR., SR.)	FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY #/ TIN	
STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE # ()	
MAILING ADDRESS <i>(if different from above)</i>		CITY	STATE	ZIP	CELL PHONE # ()	
IDENTIFICATION TYPE Driver's Lic/State ID Military ID Passport Other _____	NUMBER	STATE/COUNTRY	EXPIRATION DATE		MEMBERSHIP ELGIBILITY Employer Association Family	
	MOTHER'S MAIDEN NAME		EMAIL ADDRESS			
EMPLOYER		DATE STARTED	OCCUPATION/TITLE		EMPLOYER PHONE # ()	



■ PAYABLE ON DEATH (POD) ACCOUNT

Provide the following information to designate a POD beneficiary. Upon the death of the last account holder, ownership of the account will be divided equally among the surviving beneficiaries listed below. I/we understand that I/we can individually or jointly withdraw the funds in these accounts during my/our lifetime. I/we understand these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

Table with 5 columns: BENEFICIARY NAME, ADDRESS, DATE OF BIRTH, RELATIONSHIP, SOCIAL SECURITY #. Two rows for beneficiary information.

ACCOUNT TYPE AND SERVICES (check all that apply)

Share/Savings (\$25 required for membership) Share Draft/Checking (Approval required) ATM Card
Miscellaneous Share/Savings Debit MasterCard (Share Draft/Checking required) OR
Holiday Club Cards requested: Primary Member Joint Owner 1 Joint Owner 2

ESTIMATED ACCOUNT ACTIVITY (check all that apply)

Table with 3 columns: Account Product Activity, Account Product Activity, Account Product Activity. Rows include ACH, Debit Card, Online Banking, Money Orders, Wire Transfer, E-Statements, Mobile Banking, Bill Pay, and Monthly Cash Deposits/Withdrawals.

IMPORTANT IRS INFORMATION - TIN CERTIFICATION

- I certify in accordance with IRS W-9 instructions and under penalty of perjury, (1) that the number shown herein is my correct taxpayer identification number...
I am subject to backup withholding I am a foreign person other than a U.S. resident alien (IRS form W-8 BEN required)

SIGNATURES

By signing this application, You hereby make application for membership in Southern Security Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to us. You and all joint owners agree to be bound by the agreements set forth in the Membership and Account Agreement and to all bylaws, rules and regulations of Southern Security Federal Credit Union now in effect and as amended or adopted hereafter.

Signature lines for MEMBER SIGNATURE, JOINT OWNER SIGNATURE 1, and JOINT OWNER SIGNATURE 2 with DATE fields.

CREDIT UNION USE ONLY

IDENTIFICATION VERIFIED

STAFF SIGNATURE DATE Primary Member No Match Other

MEMBERSHIP OPENED/APPROVED

STAFF SIGNATURE DATE Joint Owner 1 No Match Other

ELIGIBILITY VERIFIED/DOCUMENTS SCANNED

STAFF SIGNATURE DATE Beneficiary 1 No Match Other

SHARE DRAFT/CHECKING

STAFF SIGNATURE DATE STAFF SIGNATURE DATE

Status Account Number