

As required by the USA Patriot Act

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.

Thank you for your cooperation and for joining us in securing a safer tomorrow.

To add a joint owner on your account, we must have the following:

1. A copy of the joint owner's social security card
2. A copy of the joint owner's driver's license (or other valid photo ID)
3. A new Application for Membership with Joint Owner information and signatures

Application for Joint Membership

Complete this form for Adding Joint Owner using the following helpful information:

- Section 1**— Primary Account Holder must complete and sign.
- Section 2**— This section must be completed and signed by both Primary and Joint Owner. We will also need a copy of the Joint Owner's Social Security card and driver's license (or other valid photo ID).
- Section 3**— Optional section. The Primary Account Holder may designate a person as payee in the event of death of the Primary and Joint Owner.
- Section 4**— Both the Primary Account Holder and Joint Owner must sign if you have a checking account with us. Select your Overdraft Protection Option.
- Section 5**— The Primary Account Holder is required to complete and sign that you are not subject to backup withholding.
- Section 6**— The Primary Account Holder completes to order a Visa® Debit Card.

Mail the completed, signed documents with a copy of the joint owner's social security card and driver's license to:

Member Services
Air Force Federal Credit Union
1560 Cable Ranch Road, Suite 200
San Antonio, Texas 78245

Section 1

PRIMARY ACCOUNT HOLDER INFORMATION		
NAME	ACCOUNT NUMBER	
ADDRESS (Street - City - State - Zip)		
MEMBERSHIP ELIGIBILITY IS BASED ON	SOCIAL SECURITY OR TAX ID#	
DRIVER'S LICENSE (State/Number)	DATE OF BIRTH	HOME PHONE
EMPLOYER NAME / OCCUPATION	MOTHER'S MAIDEN NAME (Last Name Only)	
EMPLOYER / OCCUPATION ADDRESS	WORK PHONE	
<p>I hereby apply for membership and subscribe for at least one share in the AIR FORCE FEDERAL CREDIT UNION. I agree to conform to Air Force Federal Credit Union's procedures and policies now in effect and as adopted hereafter, and agree to pay any charges or fees which may be required or assessed under such policies. I understand that the Credit Union may request a consumer credit report in connection with this application. I understand that it is a federal crime to deliberately provide incomplete or incorrect information to Federal Credit Unions insured by the NCUA.</p>		
PRIMARY SIGNATURE: X		DATE:

Section 2

JOINT OWNER INFORMATION		
NAME	SOCIAL SECURITY OR TAX ID#	
ADDRESS (Street - City - State - Zip)		
DATE OF BIRTH	DRIVER'S LICENSE (State/Number)	HOME PHONE
EMPLOYER NAME / OCCUPATION & ADDRESS		WORK PHONE
JOINT ACCOUNTS AGREEMENT		
<p>We agree with each other and Air Force Federal Credit Union that all funds paid into or deposited in this account, including any earnings thereon, shall be owned by us jointly, with the right of survivorship. On the death of one party to this joint account, all sums in the account on the date of the death vest in and belong to the surviving party as his or her separate property and estate. If we are married to each other, any sums in this account which constitute community property become the property of the surviving spouse on the death of a spouse.</p> <p>Payment of funds in this account may be made upon the request by any of us. Any payments made at the request of us or any other person with the right to request payment discharges the credit union from any liability for such payments. We agree that this account and agreement are subject to any and all rules, regulations, bylaws, and policies of the credit union now in effect and as amended or adopted hereafter, and agree to pay any charges or fees which may be required or assessed under such rules, regulations, bylaws, and policies.</p> <p>The joint owners of the account agree that Air Force Federal Credit Union may, without prior notice to any such owners, withdraw funds from this account or any other accounts they may have with the credit union, and apply such funds to any indebtedness of any of the owners to the credit union.</p>		
PRIMARY NAME (PLEASE PRINT)	PRIMARY SIGNATURE X	
JOINT OWNER NAME (PLEASE PRINT)	JOINT OWNER SIGNATURE X	
JOINT OWNER NAME (PLEASE PRINT)	JOINT OWNER SIGNATURE	
AFFCU MEMBERSHIP OFFICER SIGNATURE	DATE	

PAYABLE ON DEATH (P.O.D.) ACCOUNT AGREEMENT		
I (we) agree with the Air Force Federal Credit Union that the person(s) named below is (are) designated as P.O.D. payee(s). Upon my death (the death of the last survivor of us), all funds shall be owned by the P.O.D. payee(s) surviving. Any P.O.D. payee surviving shall have the right to request payment of all or any portion of the funds in the account. Any payment on such payee's request discharges the credit union from any liability for such payment.		
PRIMARY SIGNATURE: X		DATE:
NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
1.		
2.		
3.		

DRAFT/CHECKING AGREEMENT	
I (we) hereby authorize the Air Force Federal Credit Union to establish this Draft/Checking Account for me/us. The Credit Union is authorized to pay drafts signed by me (or by any of us listed below) and to charge all such payments against the Draft/Checking Account. I/We agree to the terms and conditions of the Account which I/we have been provided. We understand that if this is a joint owner account, the provisions of the Joint Account Agreement apply to this account also.	
DRAFT/CHECKING ACCOUNT NUMBER:	
PRIMARY SIGNATURE: X	DATE:
JOINT OWNER SIGNATURE:	DATE:
JOINT OWNER SIGNATURE:	DATE:
OVERDRAFT PROTECTION OPTIONS	
Please choose your option by placing your initials in the appropriate blank:	
<input type="checkbox"/> 0.	NO TRANSFERS I/We choose that the Credit Union not pay drafts or ACH transactions for which there are not sufficient funds available in this draft account. I am aware that checks that have been deposited may be on hold and the amounts on hold are not available to pay checks that I/we may have written.
<input type="checkbox"/> 1.	SHARE I/We authorize Air Force Federal Credit Union to transfer funds from shares when needed to pay a check or ACH item drawn on this account. If the available balance in shares is sufficient to cover the amount needed to pay the item(s) plus the transfer fees, then the amount needed will be transferred; otherwise, the item(s) will be returned as not sufficient funds available. For purposes of any such advance, the signature of any of the undersigned on an item shall be deemed to be the signature of the person entitled to request and authorize such transfer. I/We further understand that an annual overdraft protection service fee and a per day overdraft transaction fee will be administered as disclosed in the Fee Disclosure.
<input type="checkbox"/> 2.	REDI-CREDIT (Redi-Credit Option requires a loan application) I/We authorize Air Force Federal Credit Union to transfer funds from Redi-Credit when needed to pay a check or ACH item on this account. If such funds are not available, and if the undersigned person whose share account number is listed above is eligible to receive advances under a line of credit loan account with the same membership number as the share account shown by number above from this credit union, the item in question shall be deemed to constitute a signed request for an advance under such account in the exact amount required to permit the credit union to honor the item. For purposes of any such advance, the signature of any of the undersigned on the item shall be deemed to be the signature of the person entitled to request and receive such advances. I/We further understand that an annual overdraft protection service fee and a per day overdraft transaction fee will be administered as disclosed in the Fee Disclosure.

Section 5

TAXPAYER IDENTIFICATION NUMBER (TIN)																																																							
Enter your TIN in the appropriate box:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center; font-size: small;">Social Security Number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td> </tr> </table> OR <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center; font-size: small;">Employer Identification Number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td><td style="text-align: center;">-</td> </tr> </table>	Social Security Number																		-	-	-	-	-	-	-	-	-	Employer Identification Number																		-	-	-	-	-	-	-	-	-
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Under penalties of perjury, I certify that:																																																							
<ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 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. 3. The payee is a U.S. person. 																																																							
<p>You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or 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.</p>																																																							
Primary Signature: X _____ Date: _____																																																							

Section 6

VISA DEBIT CARD APPLICATION	
MEMBER NAME	ACCOUNT NUMBER
ADDITIONAL CARDHOLDERS (MUST BE JOINT OWNERS)	
NAME (PLEASE PRINT)	NAME (PLEASE PRINT)
1.	2.
<p>I hereby make application for the Air Force Federal Credit Union ("Credit Union") VISA Debit Card to access the accounts indicated above. I will select my Personal Identification Number (PIN) and be responsible for keeping it a secret. I will not write it on anything, tell my PIN to anyone, or allow anyone to watch when using it. In addition, I hereby authorize you to provide a Debit Card to the Joint Owner(s) named on this application. I am aware and agree that any joint owner may obtain and use my Debit Card on this account. I further understand that when using another financial institution's ATMs, I may be charged a fee by them for using their ATM. If I am charged a fee, it should be disclosed by the institution prior to completing any transaction and, that by completing my transaction, I am agreeing to the fee being charged. I also understand that I will be charged a fee by the Credit Union when using an ATM not owned by the Air Force Federal Credit Union.</p> <p>I certify that all of the information I have provided above is true and complete. By signing below, I agree to be bound by the Air Force Federal Credit Union Electronic Funds Transfer (EFT) Agreement and Disclosures which detail my liability and responsibility in the use of the Debit Card and for reporting the loss or theft of the Debit Card. I understand that the EFT Agreement and Disclosures will be provided to me before I receive my Debit Card. I further agree that my use of a Visa Debit Card is subject to the Credit Union's Account Agreement, rules, policies, and bylaws now in effect and as amended from time to time.</p>	
PRIMARY SIGNATURE	DATE
X	