Please complete, print, sign and mail application to: Sharonview Federal Credit Union P.O. Box 2070, Fort Mill, SC 29716 or drop it off at a branch location.

SHARONVIEW
FEDERAL CREDIT UNION

ACCOUNT CARD, MEMBERSHIP ACCOUNT AND SERVICES APPLICATION

◉ New
○ Change
○ Other

IMPORTANT INFORMATION ABOUT PROCEDURE(S) 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 you 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.

Member Information

1. Member Information: Name: Print Full Name (Inc. middle initial, suffixes -Jr., Sr.,) | Member email Address:

Member Number: | Title of Account (If Different from above, i.e. Doe Family Living Trust): | Member SSN or TIN:

Street Address: (include apt. #): ○ Own ○ Rent

City: | State: | Zip Code: | Date of Birth:

Driver's License Number or other Government ID:
ID Type: | Number: | State: | Iss. Date | Exp Date:

Employer Name: | Employer Street Address: | Employer City, | State, | Zip Code:

Home Phone: Check if cell | Business Phone: | Membership Eligibility: I am a current or retired employee of

Mother's Maiden Name: | Monthly Income: $ ○ Gross ○ Net | Start Date: | Position

I am related to | Relationship

Accounts

2. Account(s) Requested: Select accounts using the boxes below. Except IRA, all accounts selected will be jointly owned if this card lists any "joint owner(s)".

- ❑ Savings Account
- ❑ Checking Account
- ❑ Holiday Club Account
- ❑ Minor Account
- ❑ POD Account
- ❑ Share Certificate Account
- ❑ IRA Savings Account (May not be jointly held)
- ❑ UGMA/UTMA Account
- ❑ Money Market Account
- ❑ Other:

Additional Owners

3. Other: ❑ Check here if joint owner(s) applying for membership and provide eligibility below. Parties listed herein will be deemed joint owners unless you select one of the following: ❑ Trustee ❑ Custodian ❑ Other: (describe:)

Name: (please print)	Date of Birth	Social Security	Driver's License /Other ID	State	Number	Issue Date	Expiration date
2.							

Address | Eligibility

Mother's Maiden Name | Home Phone Number

3.							

Address: | Eligibility

Mother's Maiden Name | Home Phone Number

4.							

Address: | Eligibility

Mother's Maiden Name: | Home Phone Number

Services

4. Service(s) Requested: Select the service(s) requested with regard to the account selected above. Note: Some services are not available with certain accounts.

- ❑ Online Banking (eBranch)
- ❑ Bill Pay
- ❑ Magic One (24 hour automated telephone account access)
- ❑ ATM Card (upon approval)
- ❑ Visa® Debit/CheckCard (upon approval)
- ❑ Payroll Deduction/Direct Deposit* (Employees: make request for this service through your employer's payroll department)
- ❑ Overdraft Protection* (If approved, overdraft protection will make transfers from the accounts listed below in the order of priority listed):
  - ❑ From my share savings account(s) # , #
  - ❑ From my Personal Access Line (PAL) account #

*A separate application may be required for this service. No protection from a loan account is provided unless approved for an overdraft account.

POD

5. Payable on Death (POD): Complete only if POD - not to be used for IRA or other retirement plan accounts.

1. Name: | Address:
Relationship: | Birth date: | Beneficiary SSN#:

2. Name: | Address:
Relationship: | Birth date: | Beneficiary SSN#:

The POD designation only applies to the account(s) listed on this document. I/We understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. I/We understand that upon death of all account owners 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

Sign

6. Authorized Signatures : BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND ON PAGE 2 OF THIS DOCUMENT.

1. Signature _____ Date _____
2. Signature _____ Date _____
3. Signature _____ Date _____
4. Signature _____ Date _____

SEE PAGE 2 OF THIS APPLICATION FOR IMPORTANT AGREEMENTS AND CERTIFICATIONS TO US AND THE FEDERAL GOVERNMENT.

FOR CREDIT UNION USE ONLY: Account opened: ❑ In person ❑ Mail ❑ Fax ❑ Internet ❑ SEG sign up ❑ Other _____
Date Approved: _____, by _____ (Membership Officer)
Member/Owner/User identification verified via:

1. ❑ Driver's License	❑ Credit Report	❑ Existing Member	❑ Other*: _____
2. ❑ Driver's License	❑ Credit Report	❑ Existing Member	❑ Other*: _____
3. ❑ Driver's License	❑ Credit Report	❑ Existing Member	❑ Other*: _____
4. ❑ Driver's License	❑ Credit Report	❑ Existing Member	❑ Other*: _____

*Other ID includes such items as Social Security Card, Military ID, Govt. Benefits Card, or other proper ID.

Membership Eligibility Verification: _____

Print | Reset | Save | READ BACK PAGE BEFORE SIGNING.

SIGNATURES, CONSENTS AND AGREEMENTS: Each applicant, authorized user or other party signing this card, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of Sharonview Federal Credit Union ("Credit Union"). I/We certify that I/We am within the field of membership of this Credit Union if membership is requested. I/we certify the signature(s) on this card apply to all accounts designated; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by any terms and conditions in this card, and in the Membership Agreement & Disclosures Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s), services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.** This card authorizes the Credit Union to open future sub-accounts and/or services in the names of the owners or Account Title listed above. If any representative capacity is indicated on the reverse side, the Credit Union shall provide all statements, notices and other information only to the person designated as having authority (e.g., a "trustee').

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding on the reverse side of this Card. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (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. person (including a U.S. resident alien). Instructions: Cross out 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON REVERSE SIDE): The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

What you need to know about OVERDRAFTS and OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- ♦ Checks and other transactions made using your checking account number
- ♦ Automatic bill payments

We will not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below).

- ♦ ATM transactions
- ♦ Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Sharonview Federal Credit Union pays my overdraft?

Under our standard overdraft practices:

- ♦ We will charge you a fee of up to $30 each time we pay an overdraft
- ♦ There is no limit on the total fees we can charge you for overdrawing your account

What if I want Sharonview Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call 704.969.6700 (local) or 800.462.4421 (toll free), visit our website at www.sharonview.org/opt-in or complete the form below and present it at one of our branches or mail it to Sharonview Federal Credit Union, Attn: Financial Solutions Center, P.O. Box 2070, Fort Mill, SC 29716.

- ❑ **I want Sharonview Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.**
- ❑ **I do not want Sharonview Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.**

Printed Name _____

Signature _____

Check all that apply: ❑ Primary Checking ❑ Primary Savings ❑ Money Market

❑ Other Sub-account(s) _____

Member Number _____ Date _____