Suncoast Credit Union

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, attend school in _____ County

Family member name:_____ Member #: _____

Alumni (graduate) of school located in_____ County

Spouse of deceased member name:_____ Member #: _____

Household:_____ Member #: _____

Other: _____

ADVERTISING 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, 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 _____

Suncoast Credit Union

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 _____

03-2021

Suncoast Credit Union

Account #/Suffix _____

SSN/EIN _____

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

CHECKING OVERDRAFT TRANSFER PROTECTION

Transfer Source(s):

1. _____ **2.**_____ **3.**_____ **4.**_____

Account#/Suffix SSN/EIN

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_____

Suncoast Credit Union

Account #/Suffix _____

SSN/EIN _____

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

CHECKING OVERDRAFT TRANSFER PROTECTION

Transfer Source(s):

1. _____ **2.**_____ **3.**_____ **4.**_____

Account#/Suffix SSN/EIN

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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.

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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_____