



Mailing Address
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MEMBERSHIP APPLICATION AND SIGNATURE CARD

Membership: No. _____ Orig. Open Date: _____ Change Date: _____

New Account Add Signer Name Change Add/Change Beneficiary Account Maintenance

Account Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Owner <input type="checkbox"/> UTMA Minor <input type="checkbox"/> Estate <input type="checkbox"/> Trust			
Member Name		<input type="checkbox"/> Estate <input type="checkbox"/> UTMA Minor <input type="checkbox"/> Trust	
Address		Identification 1	
City/State/Zip		State	Issue Date Exp. Date
Taxpayer Identification Number Date of Birth		Identification 2	
Home Phone	Cell Phone	E-mail	State Issue Date Exp. Date
Employer Address		Work Phone	Occupation
Eligibility for Membership		Monthly Gross	Date of Hire DEROS/PCS Date
Name 2		<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian <input type="checkbox"/> Trustee/Executor	
Address		Identification 1	
City/State/Zip		State	Issue Date Exp. Date
Taxpayer Identification Number Date of Birth		Identification 2	
Home Phone	Cell Phone	E-mail	State Issue Date Exp. Date
Employer Address		Work Phone	Occupation Monthly Gross
Name 3		<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian <input type="checkbox"/> Trustee/Executor	
Address		Identification 1	
City/State/Zip		State	Issue Date Exp. Date
Taxpayer Identification Number Date of Birth		Identification 2	
Home Phone	Cell Phone	E-mail	State Issue Date Exp. Date
Employer Address		Work Phone	Occupation Monthly Gross
Beneficiary Designation			
The following beneficiary(ies) are to receive the proceeds of my accounts in the event of my death. If these accounts are jointly held, the beneficiary(ies) are to receive the funds only in the event of the death of all account holders. Each beneficiary will receive an equal percentage of funds designated below.			
Beneficiary 1			Date of Birth
Street Address		City	State Zip
Relationship to Primary Member			TIN/SSN
Beneficiary 2			Date of Birth
Street Address		City	State Zip
Relationship to Primary Member			TIN/SSN
Beneficiary 3			Date of Birth
Street Address		City	State Zip
Relationship to Primary Member			TIN/SSN

TIN Certification and Back-Up Withholding Information

BACK-UP WITHHOLDING CERTIFICATION: Unless you check one of the boxes below as applying to you, you certify that: The taxpayer identification number shown on this form is your correct number; you are not subject to back-up withholding because: (a) you are exempt from back-up withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to back-up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to back-up withholding; and you are a U.S. person (including a U.S. resident alien).

- You are subject to IRS back-up withholding
- You are not a U.S. citizen or resident (complete W8 form)

Signature Primary Member:

Date:

AUTHORIZATION

The terms "you" and "your" refer to all persons who sign or are designated on this Membership Application and Signature Card ("Signature Card"), except as the powers of that person are expressly limited by the terms of the Signature Card, and to each of them, unless the context clearly indicates otherwise. The terms "our," "us" and "we" refer to Andrews Federal Credit Union. By signing below, you acknowledge receipt of and agree to the terms in this Signature Card and agree to be bound by the terms and conditions of the Share Account Agreement and Disclosures and, if applicable, the credit documents that govern your relationships with us, and by the terms of our Schedule of Fees, Expedited Funds Availability Disclosure, Electronic Funds Transfer Agreement and Disclosures and Truth in Savings Disclosure, all of which you acknowledge receiving when you signed this Signature Card, the Share Certificate Account Agreement and Disclosures if you are opening a share certificate account, applicable state and federal laws and regulations, clearing house rules and the bylaws, policies, rules and regulations of Andrews Federal Credit Union, all as may be amended from time to time without notice except as required by law. You request that we provide other products or services that any one of you request from time to time. You agree that, in our sole discretion, we may accept authorization relating to any account, product or service by telephone.

You certify that all the information in this Signature Card, and on any documents provided in connection with this Signature Card, is accurate and true, that financial information you provide to us with this Signature Card or in the future is accurate and represents your current financial condition when provided and that you have no other debts than those stated on your credit report. You authorize us to obtain credit reports about you from one or more credit bureaus for the purposes of evaluating this application and as we deem appropriate any time in the future. If there are important changes in the information you have provided to us or that we have received about you, you agree that you will notify us in writing immediately about those changes. You understand that we may report information about your accounts to credit bureaus. Late payments, missed payments or other defaults on your accounts may be reflected in your credit report. You understand that we are relying on the information you provide to us and that any false statements or willful overvaluation of land, property or security for the purpose of influencing in any way the action of any federally insured credit union upon any loan application is a violation of federal law.

Signature 1 X	Signature 2 X	Signature 3 X
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Chex Systems Record: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Print Name of Employee Who Opened Account	Branch/Department Name	Date	Member Number
Print Name of Membership Officer	Signature of Membership Officer	Date of Membership Approval	