



Member Group		Type of Action NEW STUDENT ACCOUNT 15+		Account Number	
First Name		Middle Name/Initial		Last Name	
Social Security Number		Date of Birth		Mother's Maiden Name	
Home Phone Number		Cell Phone Number		Work Phone Number	
Mailing Address		City		State	
Home Address (if different from mailing address)		City		State	
				Zip Code	
				Zip Code	
				Zip Code	

I hereby apply for membership in SOUTH FLORIDA EDUCATIONAL FEDERAL CREDIT UNION and authorize the following account(s) opened:

SAVINGS
 CHECKING
 ATM CARD
 DEBIT CARD
 ONLINE BANKING
(Checking Account required)

REVOCABLE BENEFICIARY DESIGNATION

(Person(s) who will receive your money left in your account(s) in case of your death, example: parent, sibling, etc.)

This beneficiary designation may be altered only on the form provided by SFEFCU. Upon the death of the individual account owner, the entire account balance shall be payable to the surviving beneficiary(ies) as set forth above, subject to SFEFCU's right to set off any sums due to SFEFCU by the owner or a beneficiary. If there is more than one beneficiary and the percentage due is not filled in for one or more, the balance will be distributed first in accordance with any written percentages and any remaining balance will be divided evenly among any remaining beneficiaries not showing a set percentage. If the written percentages of the surviving beneficiaries total greater or lesser than 100%, the balance will be distributed not as percentages but by using the written numbers as proportions of the actual total.

Must equal 100%

Name	Address (include City, State and Zip Code)	Birth Date	Relationship	Percent

SCHOOL / EMPLOYMENT INFORMATION

School Student ID#	Name of School
Employer (leave blank if you do not have a job)	Position (leave blank if you do not have a job)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION: "Under the penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue (IRS) has notified me that I am no longer subject to backup withholding and that I am a U.S. person. By signing below, I certify that the information I have given for Credit Union membership is true and that the Credit Union is authorized to make whatever inquiries it deems necessary of others to verify my eligibility. I agree to the terms and conditions of the Membership and Account Agreement, Share Account Rate and Fee Schedule, Electronic Funds Transfer Disclosure, and to any amendments SFEFCU makes from time to time which are incorporated herein. I agree to the terms and conditions set forth by the Credit Union.

Signature	Date Signed
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FOR SOUTH FLORIDA EDUCATIONAL FEDERAL CREDIT UNION USE ONLY

Identification Type FL DL #: <input type="checkbox"/> / FL State ID: <input type="checkbox"/> / Other: <input type="checkbox"/> Specify: _____		
Identification Number	ID Issue Date	ID Expiration Date
Address listed on Identification (If different from mailing/residence address)		
Name of SFEFCU Employee verifying applicant's Identification and Social Security Card Print Name: _____ ID <input type="checkbox"/> and SS <input type="checkbox"/>		Branch
		Date
Initial Deposit Amount \$ _____	TeleCheck #: _____	