

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION	Member/Owner		Account Number
	Mailing Address		SSN/TIN
	Mailing City/State/Zip		Date of Birth
	Home Phone	Cell Phone	Work Phone
	Employment	Occupation	Driver's Lic. No.
	Mother's Maiden Name	Email	
	Home address if mailing is P.O. Box		

ACCOUNT OWNERSHIP	Designate the ownership of the accounts and responsibility for the service requested (Select one and initial)		
	<input type="checkbox"/> Single-Party Account With a Pay-On-Death Designation - At death of the party, ownership passes to the designated beneficiaries and is not part of the party's estate.	<input type="checkbox"/> Multiple-Party Account With Right of Survivorship and a Pay-On-Death Designation - At death of the last surviving party, ownership passes to the designated pay-on-death beneficiaries and is not part of the last surviving party's estate.	
	<input type="checkbox"/> Single-Party Account - At death of the party, ownership passes as part of the party's estate.	<input type="checkbox"/> Multiple-Party Account - At death of the party, ownership passes to the surviving party or parties.	
	Joint Owner		SSN/TIN
	Street		Driver's Lic. No.
	City/State/Zip		Date of Birth
	Home Phone	E-mail	Mother's Maiden Name
	Work Phone	Cell Phone	
	Employment	Occupation	
	Joint Owner		SSN/TIN
	Street		Driver's Lic. No.
	City/State/Zip		Date of Birth
	Home Phone	E-mail	Mother's Maiden Name
	Work Phone	Cell Phone	
Employment	Occupation		

ACCOUNT DESIGNATION	<input type="checkbox"/> Payable on Death (POD)/Trust Account	
	Beneficiary (Principal)	Beneficiary (Principal)
	Street	Street
	City/State/Zip	City/State/Zip
	Beneficiary (Principal)	Beneficiary (Principal)
	Street	Street
	City/State/Zip	City/State/Zip
	Beneficiary (Contingent)	Beneficiary (Contingent)
	Street	Street
	City/State/Zip	City/State/Zip
<input type="checkbox"/> UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfer/Gifts to Minors Act) Minor's TIN/SSN _____		

MEMBER IDENTIFICATION PROGRAM (MIP) NOTICE

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. For additional details, visit AdditionFi.com/MIP

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 Regulations 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. 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. 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 FATCA reporting code (if any) _____
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STATEMENT OF QUALIFICATION

I affirm and attest that I qualify for membership with Addition Financial Credit Union because I am within their field of membership, which includes the following common bonds (please see an Addition Financial employee for additional fields of membership):

1. Persons who live, work, worship, or attend school in, and business and other legal entities located in Alachua, Brevard, Duval, Flagler, Hernando, Highlands, Hillsborough, Indian River, Lake, Marion, Martin, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, St. Johns, St. Lucie, Sumter, or Volusia;
2. Former Member of Central Florida Educators Federal Credit Union or former Customers of Fidelity Bank of Florida, N.A.; or
3. The immediate families of current members of Addition Financial Credit Union.

ELECTRONIC COMMUNICATION AGREEMENT

I accept Electronic Communication on my account. I understand that I/we have the option of receiving statements, records, disclosures, newsletters, and other communications (Collectively "records") from Addition Financial Credit Union on paper or otherwise in non-electronic form. However, I prefer to receive all records electronically, to use my electronic signature where feasible and to generally conduct paperless business with Addition Financial Credit Union.

I understand that I have the right to withdraw consent to receive records electronically and may receive records in paper format. I understand that Addition Financial Credit Union may choose to send me records in paper format regardless of this Agreement. If I withdraw consent or request a paper copy of an electronic record, I understand that Addition Financial Credit Union may elect to charge me fees, which would be located on Addition Financial Credit Union's Fee Schedule. I understand that my consent may be withdrawn through electronic means by sending an Electronic mail message ("E-mail") with my name and mailing address to **info@AdditionFi.com** within online banking, visiting a branch, by calling Addition Financial Credit Union toll-free at (800) 771-9411 or in Orlando at (407) 896-9411, at the Contact Center, or by writing to Addition Financial Credit Union, Attn: Contact Center, 1000 Primera Blvd, Lake Mary, FL 32746, with my name and mailing address. I may also use these means to obtain a paper copy of an electronic record. I understand that it shall be my responsibility to continuously update Addition Financial Credit Union with my contact information, but particularly if I switch from electronic to paper statements.

I understand that by consenting to receiving electronic records, I am consenting to do so relating to all records sent by Addition Financial Credit Union now or in the future, unless I cancel this authorization. This consent is broad and applies to all categories or transactions I conduct with Addition Financial Credit Union.

Following is the minimum hardware and software requirements for access to and retention of electronic records, and I affirmatively state that I have the ability to meet these requirements in order to view electronic records:

Windows and Mac Minimum Requirements	Mobile Minimum Requirements
<ul style="list-style-type: none"> • Most recent major release version and 1 major release version back • Current stable version of Internet browser from major providers (Google, Microsoft, Apple, Mozilla). 	<ul style="list-style-type: none"> • iOS 8 or Android version capable of supporting the newest version of our app.

I understand that from time to time there might be additional hardware or software requirements necessary to receive electronic records from Addition Financial Credit Union and that I will be responsible for informing Addition Financial Credit Union if I am not able to access my records electronically. I have read the foregoing and affirmatively consent to receiving electronic records from Addition Financial Credit Union at the following valid e-mail address _____ . I understand that if I change e-mail addresses or any other contact information, it is my responsibility to update Addition Financial Credit Union. I confirm that I have the ability to access all such records in an electronic format and have chosen to do so on behalf of all joint owners on this account, if any.

I decline Electronic Communications on my account.

OVERDRAFT PROTECTION

By signing below, I accept Overdraft Protection on my Checking Account.

I agree that the Credit Union may charge fees for overdrafts based upon an insufficient available balance. I understand that the Credit Union may use subsequent deposits, including direct deposits of Social Security or other government benefits, to cover such overdrafts and fees.

Overdraft protection from this account:	
Share	Amount + Fee
0000	Difference + \$3.00

Note: Savings and Money Market Account Limits – Only six (6) transactions allowed per month via debit card, check, ACH, overdraft protection, or by phone. Unlimited withdrawals or transfers permissible via online banking, mobile banking, ATM or branch.

I decline Overdraft Protection on my Checking Account.

AUTHORIZATION

By signing below, I/we agree to the Terms and Conditions of the *Important Account Information for Our Members Agreement ("T&C")*. This includes the following provisions of the T&C: Debit Card Agreement, Electronic Funds Transfer Agreement, Deposit Availability Policy, Truth in Savings Disclosure, the agreement that either party in a legal dispute may elect to resolve the dispute through binding arbitration (except those disputes that can be resolved in small claims or county court), and any amendment the credit union makes from time to time which are incorporated into the T&C. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. This acknowledgment and Agreement applies to all accounts and sub-accounts that I have with the credit union as this shall be a Master Agreement. I/We authorize the credit union to check my/our account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify my/our eligibility for the accounts and services I/we request and for other accounts, products or services the credit union may offer me/us or for which I/we may qualify. **The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.**

X	X	X			
Signature	Date	Signature	Date	Signature	Date
FOR CREDIT UNION USE ONLY	Date of Membership	Opened/App'd by		OFAC Check	
CB Verified	Photo Scan	Update Reason		Branch Code	