

- New Account Add Joint Delete Joint
 Name Change Update Other

**AEROSPACE FEDERAL CREDIT UNION MEMBERSHIP SHARE (SAVINGS)
AND SHARE DRAFT (CHECKING) ACCOUNT(S) AGREEMENT & SIGNATURE CARD**

Primary Member:

Last Name: _____ First Name: _____ Middle Initial: _____

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 me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

Share (Savings) Account and Share Draft (Checking) Account Ownership:

- Individual Account Joint Account with the Rights of Survivorship with Pay on Death Provision
 I decline a Checking Account at this time

Qualification for Membership: Aerospace Corp. Military Civil Service Contractor Retiree
 Immediate family member of: _____ Relationship: _____

Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ DOB: _____ Mother's Maiden Name: _____

Soc. Sec. No. _____ Driver License No: _____ State: _____

Employer: _____ E-mail Address: _____

In this Signature Card, "I" and "My" mean each and every person who signs below. "You" and "your" mean Aerospace Federal Credit Union. If I am not a member, I hereby make application for membership in Aerospace Federal Credit Union. Each applicant for membership certifies that he or she is within the Credit Union's field of membership. I agree that you may retain this Signature Card and any other information you receive. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Account Agreement and Truth-In-Savings Disclosure and the Electronic Services Disclosure and Agreement (receipt of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Signature Card shall only govern the Savings Account and Share Draft Account on this card. I will execute additional signature card(s) to open other account(s) with you. Furthermore, I understand that all payment instruments and/or access cards issued to me are the property of Aerospace Federal Credit Union and I will surrender them on demand.

X _____
 Primary Member _____ Date _____

Joint 1	Joint 2	Joint 3
Name:	Name:	Name:
Address:	Address:	Address:
Date of Birth:	Date of Birth:	Date of Birth:
Driver License #:	Driver License #:	Driver License #:
Soc. Sec. #:	Soc. Sec. #:	Soc. Sec. #:
Daytime Phone:	Daytime Phone:	Daytime Phone:
Cell Phone:	Cell Phone:	Cell Phone:
<input type="checkbox"/> Savings Only <input type="checkbox"/> Checking Only <input type="checkbox"/> Both Savings and Checking	<input type="checkbox"/> Savings Only <input type="checkbox"/> Checking Only <input type="checkbox"/> Both Savings and Checking	<input type="checkbox"/> Savings Only <input type="checkbox"/> Checking Only <input type="checkbox"/> Both Savings and Checking
X _____ Signature _____ Date _____	X _____ Signature _____ Date _____	X _____ Signature _____ Date _____

DEBIT CARD SERVICES: I/we hereby apply for an Aerospace Federal Union Debit Card and acknowledge that by using the Card to access my/our Credit Union account(s) agree to abide by the terms and conditions of this service as stated in the Electronic Services Disclosure and Agreement which has been provided me/us.

- Please send me one card and issue other cards to: Joint 1 Joint 2 Initial Here _____
 I decline a Debit Card at this time.

***Do not complete the ATM services question if you are opening a Checking Account.**

ATM SERVICES: I/we hereby apply for an Aerospace Federal Credit Union ATM Card and acknowledge that by using the Card to access my/our Credit Union account(s). I/we agree to abide by the terms and conditions of this service as stated in the Electronic Services Disclosure and Agreement which has been provided me.

Please send me one card 2nd Card in the name of _____ Initial Here _____

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

PART I. - Taxpayer Identification Number (TIN)

I will enter my TIN in the appropriate box. For individuals, this is my Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for "Taxpayer Identification Number and Certification in the Account Agreement and Truth-In-Savings Disclosure". For other entities, it is my Employer Identification Number (EIN). If I do not have a number, see How to get a TIN in "Specific Instructions" Part I.

Taxpayer Identification Number

OR

Employer Identification Number

Note: If the account is in more than one name, see the chart for guidelines on "What Name and Number to give the Requester."

PART II. - For U.S. Payee Exempt From Backup Withholdings (See Specific Instructions)

PART III. - Certification

Under the 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 to me), 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 withholdings as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholdings, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must 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 or dividends on your tax return. For real estate transactions, item 2 does not apply. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person. For mortgage interest paid, acquisition or abandonment of secured property, cancellation or debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See "Specific Instructions")

X _____

Signature of U.S. Person

Date

PAY ON DEATH: In the event of my/our death, I/we hereby designate the following beneficiaries to share equally, unless otherwise stated, all proceeds from the account(s) on the reverse side of this form.

Beneficiary: _____

Soc. Sec. # _____

Address: _____

Date of Birth: _____

_____% 100%

Savings Only Checking Only

Both Savings and Checking

Beneficiary: _____

Soc. Sec. # _____

Address: _____

Date of Birth: _____

_____% 100%

Savings Only Checking Only

Both Savings and Checking

Beneficiary: _____

Soc. Sec. # _____

Address: _____

Date of Birth: _____

_____% 100%

Savings Only Checking Only

Both Savings and Checking

Share Draft Account Overdraft Protection Option: Overdraft protection allows me the option to select my share account for funds to supplement my Share Draft Account balance in the event my Share Draft Account balance is not sufficient to honor my payment instructions.

Overdraft Protection Selection:

Initial

Date

I choose Overdraft Protection _____

Shares Shares/LOC

I decline Overdraft Protection at this time _____

LOC LOC/Shares

Teller _____

FOR INTERNAL USE ONLY

CKDG Check Order Debit Card Overdraft

Teller: _____ Membership Officer: _____ Open: _____