

Account Application



P.O. Box 2148
Glen Burnie, MD 21060
secumd.org

New membership applicants must include a deposit of at least \$10 to open a SECU Share Savings Account. All account owners must include a photocopy of their valid driver's license with current address as shown below. Do not mail cash.

Social Security No.		<input type="checkbox"/> New Application <input type="checkbox"/> Additional Joint Owner(s) <input type="checkbox"/> Replacement of Joint Owners		<input type="checkbox"/> Revision Type: _____		Member No. (For SECU use)					
Last Name		First Name		M.I.		<input type="checkbox"/> Male <input type="checkbox"/> Female		Home Phone ()			
Street Address				Member Group		Cell Phone ()					
City		State		Zip+4		Date of Birth		Work Phone ()			
Driver's License State		No.		Issue Date		Expiration Date					
E-mail Address				Nonresident Alien?		If yes, please provide a photocopy of your Visa, verification of local address and a completed Certificate of Foreign Status (Form W-8BEN). Request Form W-8BEN for details.					
				<input type="checkbox"/> No <input type="checkbox"/> Yes							
Occupation											

Please check your membership eligibility

Alumnus of or Student at _____ Current or Former State/Bank at Work employee with _____
 Family/Household Member
 If my eligibility for membership is based on an eligible family member, I do solemnly declare and affirm under the penalties of perjury that I am related to the eligible Member designated and am a "member of the immediate family" as defined in the by-laws of State Employees Credit Union of Maryland, Incorporated (SECU).

Tell us about your joint account owner(s)

Joint Account Owner's name (last / first / middle initial)

Address

City State Zip+4

Social Security No. Member No.

Email Occupation

Driver's License State No.

Issue Date Expiration Date Date of Birth

For which account(s):

Share Savings _____
 Money Manager _____
 Advantage Money Market _____
 Holiday Savings _____
 Checking _____
 Other _____

Home Phone ()

Cell Phone ()

Work Phone ()

Tell us which account(s) you would like to open

	INITIAL DEPOSIT	ACCOUNT NUMBER (SECU Use)
<input type="checkbox"/> Share Savings	\$ \$10 minimum	_____
<small>(Must be opened before any other account can be opened)</small>		
<input type="checkbox"/> Money Manager	\$ \$2,000 minimum	_____
<input type="checkbox"/> Advantage Money Market	\$ \$25,000 minimum	_____
<input type="checkbox"/> Holiday Savings	\$ \$25 minimum	_____
<input type="checkbox"/> Checking	\$ \$25 minimum	_____
<input type="checkbox"/> Premier <input type="checkbox"/> Choice <input type="checkbox"/> Students' Choice <input type="checkbox"/> Standard <small>(must provide proof of current or potential enrollment)</small>		
<input type="checkbox"/> Other _____		

Order your checks for checking accounts only. Select one:

SECU single-copy checks – "Grey smoke"
 SECU duplicate-copy checks – "Topaz"
 Checks will be printed with account owner, joint owners (if any) and full street address unless otherwise noted.

How would you like to access your account(s)? Select all that apply:

Debit Card For members with Checking
 ATM Card For members with Savings only
 Online Banking Password and Expressline Bank-by-Phone PIN will be provided.

Substitute W-9 — Certification and Agreement (see back of this form)

By signing below, I certify that the information contained on both sides is true and correct and the reverse side is incorporated herein by reference and made a part hereof signed and sealed the day below written.

▶ Account Owner's Signature	Date
(Seal)	
▶ Joint Account Owner's Signature	Date
(Seal)	
▶ Joint Account Owner's Signature	Date
(Seal)	

Member's Last Name _____ First Name _____

Social Security No.

			+		+				
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Tell us about your Payable on Death Payee(s)

The following person(s), if living, will own any funds remaining in the account(s) after the death of all account owners.

Payable on Death Payee (last / first / middle initial) — <i>Please print name</i>		Payable on Death Payee (last / first / middle initial) — <i>Please print name</i>	
Address		Address	
City	State	Zip+4	
Social Security No.		Member No.	
For which account(s): <input type="checkbox"/> Share Savings _____ <input type="checkbox"/> Money Manager _____ <input type="checkbox"/> Advantage Money Market _____ <input type="checkbox"/> Holiday Savings _____ <input type="checkbox"/> Checking _____ <input type="checkbox"/> Other _____		Date of Birth _____ Home Phone () _____ Work Phone () _____	

Substitute W-9 — Certification and Agreement

Under penalty of perjury, I, member, certify that:

- The number printed on the reverse side is my correct Taxpayer Identification Number (TIN), and
- 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 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.

3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions – You must cross out Item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

By signing the other side of this form, I, member, and Joint Account owner, if any, agree to be bound by the by-laws of the credit union and by the terms and conditions of all agreements and disclosures applicable to my/our account, including Agreements and Disclosures for State Employees Credit Union of Maryland, Incorporated (SECU), that are incorporated herein by reference,

that has been provided, and that may be amended from time to time. I/we expressly authorize SECU to check my/our credit, employment history and any other information and to report to others such information and credit experience with me/us, as more fully described in the Agreement.

FOR BUSINESS DEVELOPMENT STAFF ONLY	
Type of document obtained for identification	
Identification Number in document	Place of issuance
Date of issuance (if any)	Expiration date
Received: Yes <input type="checkbox"/> No <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Initial Deposit Amount \$ _____	
Everyday Debit Card Purchases Opt-In <input type="checkbox"/> Opt-Out <input type="checkbox"/> No Response <input type="checkbox"/>	
Chex Systems <input type="checkbox"/>	

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 names, 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 SECU USE ONLY		
Person ID #	Branch Name	Date