

Account Application



P.O. Box 13025
Baltimore, MD 21298-8577
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						Mother's Maiden Name		Work Phone ()			
City		State		Zip+4		Date of Birth		Cell Phone ()			
Driver's License State		No.		Issue Date		Expiration Date		Member Group			
E-mail Address				<input type="checkbox"/> Nonresident Alien? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please provide a photocopy of your Visa, verification of local address and a completed Certificate of Foreign Status (Form W-8BEN). <i>Request Form W-8BEN for details.</i>					

Please check your membership eligibility

Alumnus of or Student at _____ Current or Former State/Bank at Work employee with _____
 Name of family or household member eligible for membership: _____ Relationship to you _____
 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.	
Driver's License State		No.	
Issue Date		Expiration Date	
Date of Birth			
For which account(s):		Home Phone	
<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		()	
		Work Phone	
		()	
		Cell Phone	
		()	
Joint Account Owner's name (last /first/middle initial)			
Address			
City		State	
Zip+4			
Social Security No.		Member No.	
Driver's License State		No.	
Issue Date		Expiration Date	
Date of Birth			
For which account(s):		Home Phone	
<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		()	
		Work Phone	
		()	
		Cell Phone	
		()	

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

	INITIAL DEPOSIT	ACCOUNT NUMBER (SECU Use)
<input type="checkbox"/> Share Savings (Must be opened before any other account can be opened)	\$ <u>\$10 minimum</u>	_____
<input type="checkbox"/> Money Manager	\$ <u>\$2,000 minimum</u>	_____
<input type="checkbox"/> Advantage Money Market	\$ <u>\$25,000 minimum</u>	_____
<input type="checkbox"/> Holiday Savings	\$ <u>\$25 minimum</u>	_____
<input type="checkbox"/> Checking	\$ <u>\$25 minimum</u>	_____
<input type="checkbox"/> Premier <input type="checkbox"/> Choice <input type="checkbox"/> Students' Choice <input type="checkbox"/> Standard <i>(must provide proof of current or potential enrollment)</i>		
<input type="checkbox"/> Other _____		
Order your checks for checking accounts only. Select one: <input type="checkbox"/> SECU single-copy checks – "Grey smoke" <input type="checkbox"/> SECU duplicate-copy checks – "Topaz" <input type="checkbox"/> Designer checks (cost varies) Designer/Style Name: _____ Lettering (specify order code) _____		
Checks will be printed with account owner, joint owners (if any) and full street address unless otherwise noted below.		

Additional Check Order Instructions. Please print clearly.

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)	

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

Check Card – **ATM Card**
Must have checking account. All others will receive ATM card.

Online Banking PIN **Expressline bank-by-phone PIN**

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.

- 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 backup 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 \$ _____	
Bill Pay <input type="checkbox"/> Online Statements <input type="checkbox"/> Chex Systems <input type="checkbox"/>	

FOR SECU USE ONLY		
Person ID #	Branch Name	Date