



MEMBERSHIP AND ACCOUNT APPLICATION

Ready to enjoy the benefits of Advancial Membership?

Simply complete and return this application to us then you'll be on your way to a better banking experience in no time!

Remember to include these items with your application. We can't open your account without them.

- ✓ **Clear copy of a valid government-issued photo identification such as a driver's license or passport**
If you are a non-U.S. citizen, please submit two forms of government-issued photo identification (passport + another photo ID).
- ✓ **Account Funding Authorization form to open your account(s)**
- ✓ **Completed Form W-8BEN if applicable**
Form W-8BEN should be completed by nonresident alien individuals that are not U.S. taxpayers or do not anticipate being U.S. taxpayers and are not required to file IRS Form 1040 for the current calendar year.
- ✓ **Signatures in Section 9 for all applicants**

Bring your completed application to any Advancial branch or mail to:

1845 Woodall Rodgers Fwy.
Ste. 1300
Dallas, Texas 75201

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 name, address, date of birth, and other information that will allow us to identify you. We may also ask to see (and retain a copy of) your driver's license, passport or other identifying documents that will help us identify you. If we have difficulty verifying any Account holder's identity, we may not be able to open an Account or establish a relationship, or we may have to block or close the Account.

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Please print all information legibly.

Membership Eligibility

Please indicate the primary Account Owner's eligibility for membership with Advancial.

I am an employee or member of an Advancial Select Employer Group.

I have a family member who is already an Advancial member or is eligible to join.

I live, work, worship, or attend school in the Louisiana parish indicated below:

- Acadia Evangeline Lafayette St. Martin
 Avoyelles Iberia St. Landry Vermillion

Employer's / Association's Name

Family Member's Name

2 Account Ownership

Select ONE of the following types of Account ownership. The type of ownership you select (including any Payable on Death (P.O.D.) designation) will apply to your Account and any subaccounts opened now or in the future under the same Account number, except for IRA and loan accounts. The type of ownership you select also may determine how property passes on your death. For some of the ownership types listed below, your will may not control the disposition of funds held in your Account, including any subaccounts.

Single Party Account Ownership: The party to the account owns the Account.

Single Party Account with P.O.D.

On the death of the Account Owner, ownership of the Account and any subaccounts passes to the surviving P.O.D. Beneficiaries in equal shares. The Account is not part of your estate. Please complete Section 7 to designate your P.O.D. Beneficiaries.

Single Party Account without P.O.D.

On the death of the Account Owner, ownership of the accounts and any subaccounts passes as part of your estate under your will or by intestacy.

Multiple Party Account Ownership: The Account owners own the Account in proportion to their net contributions to the Account. Advancial may pay any sum in the Account to a party at any time. **By default and unless otherwise indicated below, all Multiple Party Accounts are with Right of Survivorship and no P.O.D. designation.** Right of Survivorship and P.O.D. payee designations may not be valid unless all parties to the Account have signed the Application.

Multiple Party Account with Right of Survivorship and no P.O.D.

On the death of an owner, the owner's ownership of the Account and any subaccounts passes to the surviving owners. Please complete Section 3 to designate your Joint Account Owner.

Multiple Party Account with Right of Survivorship and P.O.D.

On the death of an owner, the owner's ownership of the Account and any subaccounts passes to the surviving owners. On the death of the last surviving Account owner, ownership of the Account and any subaccounts passes to the surviving P.O.D. Beneficiaries in equal shares. Please complete Section 3 to designate your Joint Account Owner and Section 7 to designate your P.O.D. Beneficiaries.

Multiple Party Account without Right of Survivorship

On the death of an owner, the owner's ownership of the Account and any subaccounts passes as part of the owner's estate under the owner's will or by intestacy. A P.O.D. designation may not be made for a Multiple Party Account without Right of Survivorship. Please complete Section 3 to designate your Joint Account Owner.

3 Applicant Information

Tell us about yourself:

The individual listed below is the primary Account Owner and Advancial member. If the primary Account Owner is under age 18, a parent or adult guardian must be a Joint Owner on the Account.

Choose One: I am a U.S. Citizen I am a Permanent Resident Alien I am a Nonresident Alien

Full Legal Name (First, Middle, Last) Name must match government-issued photo ID

Nickname (Preferred Name)

SSN or ITIN I do not have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)

Date of Birth (MM/DD/YYYY)

Country of Citizenship

ID Type: Driver's License Passport Other _____

Photo Identification (ID) Number

ID Expiration Date (MM/DD/YYYY)

Issuing State or Province

Issuing Country

Permanent Residence Address (street, apt. or suite no., or rural route) Do not use a P.O. box

City State Zip Code Country

Mailing Address (if different from above)

Mobile/Primary Phone Number

Alternate Phone Number

Preferred Email Address (to receive notifications and information regarding your Account)

Employer

Occupation

Work Phone Number

Tell us about the Joint Account Owner, if any:

The Joint Account Owner will have ownership Account privileges and access to the Account including any subaccounts opened now or in the future except for IRA Accounts and loan accounts on which the Joint Account Owner is not a borrower.

Choose One: I am a U.S. Citizen I am a Permanent Resident Alien I am a Nonresident Alien

Full Legal Name (First, Middle, Last) Name must match government-issued photo ID

Nickname (Preferred Name)

SSN or ITIN I do not have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)

Date of Birth (MM/DD/YYYY)

Country of Citizenship

ID Type: Driver's License Passport Other _____

Photo Identification (ID) Number

ID Expiration Date (MM/DD/YYYY)

Issuing State or Province

Issuing Country

Permanent Residence Address (street, apt. or suite no., or rural route) Do not use a P.O. box

City State Zip Code Country

Mobile/Primary Phone Number

Alternate Phone Number

Employer

Occupation

Work Phone Number



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Please print all information legibly.

4 Security Passphrase

You will be asked to provide your security passphrase when making inquiries on your account at a branch or through the Member Service Center. Your security passphrase should be kept confidential and should be treated with the same level of security as a PIN. Your Account cannot be established unless a security passphrase is provided below.

Passphrase (maximum 20 characters including spaces)

5 Account Selection(s)

A Savings/Membership Account is required to establish your Advancial membership. Please select the Account(s) you would like to open with this application and indicate the initial deposit you will make for each. Your initial deposit(s) may be made with cash, by check, by transfer from another Advancial account, debit card or credit card. Please complete an Account Funding Authorization form and return it with your application.

SAVINGS/MEMBERSHIP ACCOUNT OPTIONS

You must open one of the Account types below to establish Advancial membership.

	Minimum To Open	Initial Deposit
<input type="checkbox"/> Savings/Membership (ages 18 and older)	\$5	\$ _____
<input type="checkbox"/> Dinero Teens® Savings/Membership (ages 13-18)	\$5	\$ _____
<input type="checkbox"/> Money Musketeers® Savings/Membership (ages 12 and younger)	\$5	\$ _____

ADDITIONAL ACCOUNT OPTIONS

The Account types below may be opened in addition to your primary Savings/Membership Account.

	Minimum To Open	Initial Deposit
<input type="checkbox"/> Ultimate Checking	\$0	\$ _____
<input type="checkbox"/> Inbound USA Checking	\$0	\$ _____
<input type="checkbox"/> Dinero Checking (ages 13-18)	\$0	\$ _____
<input type="checkbox"/> Money Market Savings	\$2,500	\$ _____
<input type="checkbox"/> Additional Savings	\$5	\$ _____

6 Account Access Selections

Please select the Account access services you would like established with your Account.

- Automated Teller Telephone Banking
All Accounts can receive free Automated Teller Telephone Banking access, which allows you to check your account balances and make transfers between your Checking, Savings and Money Market Accounts conveniently by phone.

To receive this service, select a Personal Identification Number (PIN) to access your Account through Telephone Banking. Your PIN must be between 6 to 15 digits in length.

- Debit/ATM Card for myself
The Advancial Debit/ATM Card allows you to make purchases anywhere Visa® is accepted and the money is withdrawn from your Checking Account as if you wrote a check. The Card also provides you with ATM access to your accounts. **NOTE: If you only open a savings account product, your Card will only function as a standard ATM card without the purchase feature of a debit card.**

- Debit/ATM Card for Joint Account Owner

- Debit/ATM Card for Additional Authorized User

Name to appear on Card

Name to appear on Card

- Overdraft Transfer Protection from Savings
The Overdraft Transfer Protection service automatically transfers available funds from your Savings to your Checking account if you do not have sufficient funds to clear an item that is presented. There is no per occurrence fee.

Check ClearSM Courtesy Overdraft Privilege

Check Clear Courtesy Overdraft Privilege is an overdraft service that may pay items presented against your Checking Account when your Account balance is not sufficient to do so. Instead of returning the transaction to the merchant for non-sufficient funds (NSF), the item is paid and your Account is allowed to go negative. If Overdraft Transfer Protection from Savings service is linked to your Checking Account, Advancial will first attempt to transfer the amount from that overdraft transfer protection source. Please refer to the Account Services & Fee Schedule for applicable fees for this service. Check Clear is not available on the Dinero Checking Account.

By checking the first or second box below (check only one box), you agree that you have read and understand the What You Need to Know About Overdrafts and Overdraft Fees pre-disclosure and that you are choosing to Opt-In to this service and you understand that you may revoke your opt-in at any time by notifying us.

- Check Clear for Checks, ACH and Debit Card Transactions
Covers the following transaction types: checks, automated or preauthorized electronic debits (ACH) and debit card transactions.
- Check Clear for Checks and ACH Transactions Only
Covers the following transaction types: checks and automated or preauthorized electronic debits (ACH). Debit card transactions **are not** included in this option.
- I decline the Check Clear service for all transactions.



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Please print all information legibly.

7 Payable on Death Designation

If you selected an Account ownership type with a P.O.D. designation, please complete the following section to the best of your ability. Beneficiaries all share equally. Please speak with an Advancial representative to designate additional beneficiaries for your Account.

Legal name and date of birth are required for all beneficiaries. Additional information such as the beneficiary's SSN/ITIN, address and relationship to the Primary Member will help us identify and locate the beneficiary when applicable. Beneficiaries residing outside of the United States must also include a clear photocopy of their passport.

Beneficiary Legal Name (First, Middle, Last)

SSN or ITIN Date of Birth (MM/DD/YYYY) Relationship to Primary Member

Address

Beneficiary is not a U.S. resident, and a copy of his/her passport is included.

Beneficiary Legal Name (First, Middle, Last)

SSN or ITIN Date of Birth (MM/DD/YYYY) Relationship to Primary Member

Address

Beneficiary is not a U.S. resident, and a copy of his/her passport is included.

8 Taxpayer Identification Number and Certification

If you are not a U.S. Citizen or are unsure of your taxable status, we recommend consulting a qualified professional before completing this section.

By signing below and under penalties of perjury, you certify that (1) the number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to you), and (2) you are not subject to backup withholding because (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, (3) you are a U.S. citizen or other U.S. person (including a U.S. resident alien), and (4) the Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) indicating that you are exempt from FATCA reporting is correct.

Certification Instructions: Check the first box below 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. Check the second box below and complete IRS Form W-8BEN if you are not a U.S. citizen or other U.S. person (including a nonresident alien). Item 4 above does not apply.

DO NOT CHECK UNLESS APPLICABLE. These selections do not apply to most persons. If you have questions, please contact us.

- I am subject to backup withholding
- I am not a U.S. citizen or other U.S. person (including a nonresident alien)

9 Signatures

By signing below, the Primary Member (a) hereby makes application for membership in Advancial Federal Credit Union, (b) certifies that it satisfies the Credit Union's membership requirements, and (c) agrees to subscribe for at least one share. Each person signing below ("you") certifies that the information provided in this application is accurate and complete, and you agree to promptly inform the Credit Union within 30 days of any changes to this information. In addition, you authorize the Credit Union to check your credit history, to request and use reports regarding the same, and to answer questions about its credit experience with you. You also acknowledge that the Credit Union reserves the right to limit services based on information provided by credit reporting agencies. The Credit Union may additionally restrict or deny services, including without limitation, electronic fund transfers services such as debit/ATM card and online Account access, if you become delinquent on an obligation to us, cause us a loss, or are abusive in the conduct of your affairs with the Credit Union. The Primary Member and the Joint Account Owner (if any), acknowledges receipt of and agrees to be bound by the Advancial Federal Credit Union Membership and Account Agreement, including without limitation the Funds Availability Policy and the Account Services and Fee Schedule. You also agree to be bound by any other instrument or agreement received or executed in connection with the opening or maintenance of any Advancial Federal Credit Union Account or service, together with all of the Credit Union's policies, procedures, rules, and bylaws as amended from time to time. If your Account will be a Multiple Party Account with Right of Survivorship, then on the death of one owner to the Account, all sums in the Account on the date of death vest in and belong to each surviving owner as their separate property and estate. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Member Signature Printed Name Date

Joint Account Owner Signature Printed Name Date

