

Instructions before you begin

Step 1. Print this packet.

Step 2. Fill out the application below and sign the bottom.

Step 3. Sign the statement of qualification.

Step 4. **Include photocopies of each Drivers License and Social Security card of those listed on the account.**

Step 5. ID Verification options (choose one)

Option 1 All signatures of those listed on the account must be notarized.

or

Option 2 Provide photocopies of one utility bill (i.e.: phone, power, cable) for the last two months.

Step 6. To establish your CFE membership please send a check or money order for at least \$15.00¹, along with any other deposits you would like to make.

¹ \$10 membership fee & \$5 minimum balance required.

Step 7. Mail it to us at: PO Box 958471
 Lake Mary, FL 32795-8471

USA Patriot Act Notice

Federal laws require us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.



P.O. Box 958471
 Lake Mary, FL 32795-8471
 Phone: (407) 896-9411 option 3
 (800) 771-9411

ACCOUNT CARD

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

ACCOUNT OWNERSHIP	Designate the ownership of the accounts and responsibility for the service requested <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	Employment	
	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	Employment	

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

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), (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. person (including a U.S. resident alien).
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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the Terms and Conditions of the *Important Account Information for Our Members Agreement*. This includes the Check Card Agreement, Electronic Funds Transfer Agreement, Funds Availability Policy, Truth in Savings Disclosure, and any amendment the credit union makes from time to time which are incorporated herein. 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. **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		
Decision Power	Photo Scan	Membership Fee	Branch Code		

STATEMENT OF QUALIFICATION

I, _____ (Print Name) affirm and attest that I qualify for membership with Central Florida Educators' Federal Credit Union ("CFE") because I am within their field of membership, which is limited to those having the following common bonds:

1. Persons, who live, work, worship, volunteer or attend school in, and businesses and other legal entities located in Orange, Osceola, Seminole, or Lake Counties, Florida as defined in the NCUA Chartering and Field of Membership Manual (IRPS 03-01); (App. 03/16/06).
2. Members of record of the Central Florida Educators' Federal Credit Union; (App. 03/16/06).
3. Spouses of persons who died while within the field of membership of this credit union, employees of this credit union; members of the immediate family or household; and organizations of such persons.

Signature

Date

Account Number