4	SPACE AGE
	CREDIT UNION

MEMBERSHIP APPLICATION & AGREEMENT

Marketplace Branch Golden Branch 3005 S. Parker Road, C-300 2433 Ford Street										
Aurora, CO 80014 Golden, CO 80401 303-3				9-7666 1	I-80	0-666-69	928	Account Num	ber	
Account Type(s): Share Money Market Checking Primary Share Insured Money Market Classic C				Share Certifica ☐ Starter Certif		(term)		IIRAs IRA Share	Savings	
Savings 🛛 Maximum Money Market 🗍 Classic		Checking Plus	Share Certifi	cate (term)	_	Roth IRA Share Savings			
Savings Jumbo Money Market Econor		ny Checking ny Checking Plus		Youth Prime Certificate (term) Coverdell Certificate (term)			SEP IRA Share Savings IRA Share Certificate (term)			
	Money Market		Im Checking 🔲 HSA Ce		SA Certificate (term)		Roth IRA Share Certificate (term)			
Premium (•	3-Year Step	Up Co	ertificate (term)	SEP IRA	Certificate	(term)
Account Ownership: Individual POD (Payable-on-Death)				☐ Joint with right of survivorship ☐ Trust				☐ Joint without right of survivorship		
IMPO	RTANT INFOR	MATIO	N ABOUT PI	ROCEDURE	[S]	FOR OPE	ENING A	NEW AC	COUNT	г
To help the government fight that identifies each person w			oney laundering a	ctivities, Federal	l law r	equires all fin	ancial instit	utions to obtai	n, verify, a	and record information
What this means for You: W We may also ask to see You					dress	, date of birth	, and other	information th	at will all	ow Us to identify You.
Primary Owner Informa	ation 🗌 Member	Trust	Other Specify	y:			/	Are You a Non-		
Full Name						Eligibility			Birth Date	e/Date of Trust
Address 🔲 Own 🗌 Rent						Monthly Payments Years at Addre		Years at Addres	3	Number of Dependents
Address (If you have lived in previo	ous address less than tw	/o years)								
Home Telephone	Business Telephone		E-Mail Address					Mother's M	aiden Narr	ie
Social Security Number	Social Security Number Driver's License Number/State/Exp. Employer									
Owner 2 Information	Joint Owne	r 🗆	Trustee 🗌 Otl	her					-	
Full Name						Eligibility			Birth Date)
Address 🔲 Own 🗌 Rent						Monthly Paym	ients	Years at Addres	S	Number of Dependents
Address (If you have lived In previo	ous address less than tw	/o years)				1	•			<u>.</u>
Home Telephone	Business Telephone		E-Mail Address Mother's Maiden Name			le				
Social Security Number			Driver's License Nu	ımber/State/Exp.			Employer	·		
Owner 3 Information	Joint Owne	r 🗆	Trustee 🔲 Ott	ner						
Full Name						Eligibility		Birth Date	,	
Address 🔲 Own 🗖 Rent					Monthly Payn	nents	Years at Addres	38	Number of Dependents	
Address (If you have lived in previo	ous address less than tw	o years)								
Home Telephone	Business Telephone		E-Mail Address			Mother's Maiden Name				
Social Security Number Driver's License Number/State/Exp.				Employer						
Owner 4 Information										
Full Name					Eligibility			Birth Date		
Address 🔲 Own 🔲 Rent					Monthly Paym	nents	Years at Addres	S	Number of Dependents	
Address (If you have lived in previous address less than two years)										
Home Telephone	Business Telephone		E-Mail Address Mother's Malden Name			ie				
Social Security Number			Driver's License Nu	mber/State/Exp.			Employer	·		

ATM Card/VISA Check Card/Internet Banking/ Mobile Banking

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access code. Your ATM or VISA Check Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines, and will also allow You to pay for services and purchases directly from Your linked account.				
🗌 ATM Card 🔹 🗍 VISA Check Card 🔄 Internet Banking 🔄 Mobile Banking				
Name on Card 1: Name on Card 2:				
Name on Card 3:				

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code ______

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

Signatures

You hereby apply for membership with Space Age Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in any subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Space Age Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the "Agreements and Disclosures" related to Your Account(s) and You agree to be bound by the terms and conditions found therein. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf. Your signature below is Your continuing authorization for Space Age Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

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Primary Applicant's Signature	Dat	e Owner 2 Signature	Date
	· •• .		
1			
Owner 3 Signature	Da	e Owner 4 Signature	Date

Credit Union Use Only

Date of Membership	Opened by	Membership Officer	
Credit Report Card Ordered	OFAC Online Banking	Checks Ordered Bill Pay	Chex Systems