

Benchmark Membership Application

Please fill in correct information, print and get signature(s) notarized and mail this form along with a copy of both Applicant's Drivers License(if applicable), to Benchmark's Main Office.

Please enclose \$5.00 to open a share (savings) account and \$20.00 if you are interested in opening a checking and savings account.

Through my Employer Immediate family Member of

Member of Household with Benchmark FCU Member

Name: Home Phone: Mobile:

Street Address: City State Zip

Birth Date: mm dd yy SS#: - - DL#

Mother's Maiden Name: Employer's Name:

Employer's Address: Work Phone:

Share Savings Account (required for membership – include initial deposit of at least \$5.00)

ET-24/Home Banking (required) Access Code: (select all numbers)

eStatements (required) Email Address:

Basic Checking (S4) Echecking (S14) Student Survival eChecking (S14)

Overdraft Protection from your Savings Account Overdraft Protection from a Line-of-Credit
(complete a loan application)

Check Style: Cover Style:

Information printed on checks (please print clearly):

Debit Card (Checking Account required) PIN (Personal Identification Number): (Select all numbers)

ATM Card PIN (Personal Identification Number): (Select all numbers)

Direct Deposit/ACH Distribution High Yield Money Maker Account
(complete Benchmark's ACH Distribution Form)

Money Market Account Vacation Club Holiday Club

Direct Deposit: If interested please contact your employer's Payroll Department. You will need your six digit Benchmark Account Number and Benchmark's routing number. (Please call for routing information.)

- | | |
|---|--|
| <input type="checkbox"/> Certificates | <input type="checkbox"/> Vehicle Loan |
| <input type="checkbox"/> Individual Retirement Account | <input type="checkbox"/> Home Equity Loan |
| <input type="checkbox"/> Visa, Visa Gold, Visa Platinum | <input type="checkbox"/> Home Mortgage Loan |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Youth Club (members age 10 & under) |
| <input type="checkbox"/> High Yield Money Maker | <input type="checkbox"/> Teen Club (members age 11 to 17) |
| <input type="checkbox"/> Signature Loan | <input type="checkbox"/> Senior Club (Advantage Plus) |

Under the USA Patriot Act of 2001 we are required to verify the identity of our members and know who we are transacting business with to assist the Government with the fight against terrorism and money laundering activities. We ask for your understanding as we work to support the security of your funds and our Country.

SS#: Member Account #:

Employment Status: Occupation Title:

Occupation Description:

1. Will this account be used for the Sole Proprietor/DBA (Doing Business As) Account? Yes NO

If yes, what is the business account purpose?

(i.e. - General Operating funds/checking)

If not, what is the personal account purpose?

(i.e. - Household living expenses, Vacation Savings, Holiday Savings, General Savings)

2. Do you anticipate sending or receiving wires? Yes NO

If yes, what type of wires? Foreign Domestic Both

3. What country are you a citizen of?

4. Are you a Senior Foreign Political Figure? Yes NO

If yes, what is the position held?

In what Country do you hold your position?

5. Are you a close associate or family member of a Senior Foreign Political Figure? Yes NO

If yes, what is your relationship to the associated Senior Foreign Political Figure?

What is the name of the Senior Foreign Political Figure?

We appreciate your cooperation and thank you for taking the time to answer these questions.

Name:	<input type="text"/>	Birth Date:	<input type="text"/>
SS#:	<input type="text"/>	DL# & State:	<input type="text"/>
Name:	<input type="text"/>	Birth Date:	<input type="text"/>
SS#:	<input type="text"/>	DL# & State:	<input type="text"/>

This section is to be completed by the Primary Member. If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under-reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification below. **Certification of Taxpayer Identification Number:** Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, (2) that I am not subject to withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. Citizen (including a U.S. Resident alien).

X _____ Date: _____
Member's Signature required, must be notarized if not signed in the presence of a Credit Union employee.

Membership Authorization: I hereby make application for membership in Benchmark Federal Credit Union, and agree to conform to its bylaws and amendments thereof, and to subscribe for at least one (1) share. I further request the services listed herein/any future services and agree to be bound by the terms of the appropriate account agreements which have been provided to me.

If I am applying for an ATM Card, Debit Card and/or a Share Draft (Checking) Account, I authorize Benchmark Federal Credit Union to obtain information concerning my checking account check-cashing history and to obtain a credit report. I understand that Benchmark Federal Credit Union is not obligated to open a Share Draft (Checking) Account if the information obtained is not satisfactory.

If I choose to have a Joint Owner on this account, I understand that they will be joint on every Share Account, excluding IRA's and Loans, under this account number.

X _____ Date: _____
Primary Member's Signature required, must be notarized if not signed in the presence of a Credit Union employee.

Joint Owner Authorization: I agree to be bound by the terms of the appropriate account agreements, which have provided to me for the services selected.

1. _____ Date: _____
Joint Owner's Signature required, must be notarized if not signed in the presence of a Credit Union employee.

2. _____ Date: _____
Joint Owner's Signature required, must be notarized if not signed in the presence of a Credit Union employee.

***Attach a copy of Driver's License for all parties applying for membership and all signatures MUST be notarized, if NOT signed in the presence of a Credit Union Employee.**