



300 S. Plumosa Street
 Merritt Island, FL 32952
 Phone: 321-455-9400
 Outside Brevard: 800-662-5257
 Web Address: www.ksfcu.org



Referred by:

Member Services Request

Important Information About Opening a New Account. To help our 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 when opening a new account. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

MEMBER/OWNER INFORMATION		
Member No.	Check Digit:	Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Survivorship
Member/Owner Name:		SSN/TIN: Date of Birth:
Physical Address:		ID Type:
City/State/Zip:		ID Number:
Mailing Address:		ID Issuing State: ID Expire Date:
City/State/Zip:		Other ID:
Home Phone:		Mother's Maiden Name:
Work Phone:	Cell Phone:	Membership Eligibility:
E-Mail Address:		
Employer:	Position/Title:	How Long:
Reference Name:		Relationship:
Address:		Home Phone:

ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed below.

Account Type/Suffix #* <input type="checkbox"/> Savings <input type="checkbox"/> Checking (elect one below) <input type="checkbox"/> Classic Checking <input type="checkbox"/> Elite Checking <input type="checkbox"/> Select Checking (certificate required) <input type="checkbox"/> Other _____	Account Services <input type="checkbox"/> Payroll Deduction/Direct Deposit <input type="checkbox"/> ShuttleTalk <input type="checkbox"/> ATM Card <input type="checkbox"/> Personal Credit Union (PCU) <input type="checkbox"/> E-Statement <input type="checkbox"/> VISA Check Card <input type="checkbox"/> Accidental Death <input type="checkbox"/> Other _____	<input type="checkbox"/> Overdraft Transfer \$50.00 Increments _____ Member's (Initials)
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ACCOUNT OWNERSHIP - Please complete this section if you request joint owners on your accounts

Joint Owner Name (1):		SSN/TIN:	Date of Birth:
Street:		ID Type:	
City/State/Zip:		ID Number:	
Home Phone:		ID Issuing State:	ID Expire Date:
Work Phone:	Cell Phone:	Other ID:	
E-mail Address:		Mother's Maiden Name:	
Employer:	Position/Title:	How Long:	
Reference Name:		Relationship:	
Address:		Home Phone:	
Joint Owner Name (2):		SSN/TIN:	Date of Birth:
Street:		ID Type:	
City/State/Zip:		ID Number:	
Home Phone:		ID Issuing State:	ID Expire Date:
Work Phone:	Cell Phone:	Other ID:	
E-mail Address:		Mother's Maiden Name:	
Employer:	Position/Title:	How Long:	
Reference Name:		Relationship:	
Address:		Home Phone:	

ACCOUNT DESIGNATIONS - Please complete the separate "Pay on Death Account Card"

<input type="checkbox"/> Other:	<input type="checkbox"/> See Account Authorization Card
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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.

ACKNOWLEDGMENTS

Credit Report Authorization: By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

For Account and/or Account Service Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth in Savings Disclosure, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and Disclosure and Privacy Notice and to any amendments to these documents that the Credit Union may make from time to time.

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

MEMBER/OWNER SIGNATURE

DATE

JOINT OWNER (1) SIGNATURE

DATE

JOINT OWNER (2) SIGNATURE

DATE

NOTARY

Signature must be notarized if not signed in presence of Credit Union personnel.

Sworn to and subscribed before me this _____ day of _____ by _____.

_____ Notary Signature

_____ Notary Name Printed

REQUEST FOR CREDIT

LOANLINER® Account: By checking the box for a LOANLINER® Account, you are opening a Credit Plan even if you are not receiving an advance today.
Credit Card Account: By checking the box for a Credit Card Account, you are requesting a credit card at this time. There are costs associated with the use of the card. To obtain information about these costs, contact us at the address/phone number on the first page.

APPLICANT

Name: _____

I request the following loan accounts.

LOANLINER® Account Amount Requested \$ _____

Purpose/Collateral: _____

VISA Credit Card Account Credit Limit Requested \$ _____

CO-APPLICANT

Name: _____

I request the following loan accounts.

LOANLINER® Account Amount Requested \$ _____

Purpose/Collateral: _____

VISA Credit Card Account Credit Limit Requested \$ _____

STATE LAW NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union

unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

SIGNATURE FOR WISCONSIN RESIDENTS ONLY

DATE

ACKNOWLEDGMENTS

For Credit Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the LOANLINER® Credit and Security Agreement including the Addendum, disclosures and information related to voluntary payment protection and to any amendments that may be made to any of these documents from time to time; you understand that the use of any credit card you receive will constitute acknowledgment of receipt and agreement to the terms of the Credit Union's Credit Card Agreement and Disclosures; and you grant the Credit Union a security interest in all share and/or deposit accounts

that you own now and in the future to secure what you owe under the LOANLINER® Credit and Security Agreement and the Credit Card Agreement. When you are in default, you authorize the Credit Union to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

SIGNATURE

DATE

SIGNATURE

DATE

ENROLLMENT/APPLICATION AND SCHEDULE FOR VOLUNTARY PAYMENT PROTECTION

CUNA Mutual Insurance Society • Madison, WI 53701-0391 • Phone: 800/937-2644

I understand that I have the option of assigning any other policy or policies I own or may procure for the purpose of covering this loan and that credit insurance coverage need not be purchased from the credit union or anyone else in order to obtain the loan.

I understand that credit insurance will stop when I reach the Maximum Age for Insurance and I acknowledge that my date of birth is stated correctly on the application.

If I enrolled for credit life insurance coverage by telephone, I understand that I have 30 days from the date I receive this acknowledgement form to rescind the credit life insurance coverage.

Initials of Member

Initials of Joint Insured

"You" or "Your" means the member and the joint insured (if applicable).

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

- You are eligible for disability insurance only if you are working for wages or profit for 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
Single Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$.215	
Single Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.064	
Joint Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.112	

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 1st day of disability.

MEMBER		INSURANCE MAXIMUMS	DISABILITY	LIFE
ACCOUNT NUMBER	GROUP POLICY NUMBER 009-0747-5	MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$ 850.00	N/A
SECONDARY BENEFICIARY (If you desire to name one)	DATE OF ISSUE OF THIS CERTIFICATE	MAX. TOTAL DISABILITY BENEFIT PER LOAN	\$ 50,000.00	N/A
		MAX. BENEFIT DISABILITY DURATION	60 Mos.	N/A
		MAX. AMT. OF LIFE INSURANCE PER MEMBER	N/A	\$ 50,000.00
		MAX. AGE FOR INSURANCE	70	72
DATE	MEMBER'S DATE OF BIRTH	DATE	JOINT INSURED'S DATE OF BIRTH	
SIGNATURE OF MEMBER (Be sure to check one of the boxes above) X		SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected) X		

APP. 825-1288 Rev/FL

FOR CREDIT UNION USE ONLY See Account Change Card

Date of Membership: _____ Opened By: _____ Branch: _____

Beacon Score: _____ Approved By: _____

Do you have a vehicle financed? Yes If yes, where? _____
 No

Approved by membership Officer: _____