

Southeast Financial Federal Credit Union is a FULL SERVICE financial institution created for the specific purposes of promoting thrift, providing financial services for its members, providing a source of credit for its members at a reasonable rate of interest, and investing any surplus funds not required for loans to members. Employees can join Southeast Financial Federal Credit Union by filling out a membership application and returning it to the credit union with a copy of your driver's license and an opening deposit of a minimum of \$5.00. A packet on Southeast Financial Federal Credit Union is available from the Conference Office. You can also find more information on the Credit Union at their website at www.southeastfinancial.org.

To see all options available through the Credit Union, visit the website.

To Enroll in a Southeast Financial Federal Credit Union account:

Fill out the 2 page application

Make note on the application to inform (Your Name) at (phone number) when account is set up

Make a copy of your driver's license

Send a check for minimum of \$5.00

Mail to address listed on the application- Southeast Financial Credit Union
P.O. Box 331788
Nashville, TN 37203

To Add Your Credit Union Account to Payroll for Direct Deposit:

Go To Employee Self Service

Payroll and Compensation

Direct Deposit

Add Account

Fill in your Routing and Account Number and select either 1) Exact amount you want sent to the account every pay period or 2) the percentage of your check you want deposited into the account.

The credit union is now handled as a direct deposit. Credit Union members can go to Edison Self Service and add a direct deposit to their account or change the amounts deposited

Membership Application

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.

| Member/Owner Information | |
|--|--------------------------------|
| Member Name | Date of Birth |
| SS#/ITIN | EIN |
| Home Phone | Email Address* |
| Driver's License #/State/Expiration Date | Mother's Maiden Name |
| Residential Address | Mailing Address (if different) |
| Apt #/City/State/Zip | Apt #/City/State/Zip |
| Employer | Work Phone |

* As a benefit of your Southeast Financial membership you'll receive email updates notifying you about current specials and upcoming events. We'll also let you know about identity scams and provide tips to keep your account safe. You may opt out of these emails at any time, using the link at the bottom of each email.

Account Ownership

Individual
 Joint
 Trust
 UTMA
 Custodian/Guardian
 DBA

Membership Eligibility

Employed by or retiree of SFCU sponsor company
 Member of qualifying organization

Qualified by family member
 Relationship to you

Please indicate the type(s) of account(s) you wish to open/change

Share Savings
 Silver Plus Checking
 IRA

Basic Checking
 Share Certificate
 ATM/VISA® Check Card

LifeTools Checking (see below)
 Money Market
 Overdraft Protection

Club Checking
 Christmas Club Account
 HSA - Checking Account

Qualifications for LifeTools Checking

In order to maintain a LifeTools Checking Account with FREE Bill Payer, the following services must remain open and active at all times:

Direct Deposit (payroll, social security, and other regularly recurring direct deposits)
 Debit Card
 eStatements
 Bill Payer

Identity Theft Protection

Credit Union membership includes two low-cost identity theft protection product options:

MemberSecureSM: \$1.98 monthly
 IdentitySecureSM: \$9.95 monthly

Multiple Owners

Designate the ownership of the accounts and responsibility for the services requested.

| <input type="checkbox"/> Joint Owner | <input type="checkbox"/> Trustee | <input type="checkbox"/> Custodian/Guardian | <input type="checkbox"/> Authorized Signatory Only | <input type="checkbox"/> Beneficiary/POD |
|--|----------------------------------|---|--|--|
| Name | Date of Birth | | | |
| SS#/ITIN | EIN | | | |
| Home Phone | Email Address | | | |
| Driver's License #/State/Expiration Date | Mother's Maiden Name | | | |
| Residential Address | Mailing Address (if different) | | | |
| Apt #/City/State/Zip | Apt #/City/State/Zip | | | |
| Employer | Work Phone | | | |

| <input type="checkbox"/> Joint Owner | <input type="checkbox"/> Trustee | <input type="checkbox"/> Custodian/Guardian | <input type="checkbox"/> Authorized Signatory Only | <input type="checkbox"/> Beneficiary/POD |
|--|----------------------------------|---|--|--|
| Name | Date of Birth | | | |
| SS#/ITIN | EIN | | | |
| Home Phone | Email Address | | | |
| Driver's License #/State/Expiration Date | Mother's Maiden Name | | | |
| Residential Address | Mailing Address (if different) | | | |
| Apt #/City/State/Zip | Apt #/City/State/Zip | | | |
| Employer | Work Phone | | | |

Business/DBA Accounts

Please answer the following questions pertaining to the Unlawful Internet Gambling Reinforcement Act.

Does your business engage in gambling services of any kind? Yes No

Does your business engage in online/Internet gambling services? Yes No

I have answered the above questions truthfully about the business referred to on this Account Application and agree to notify Southeast Financial Credit Union should the business's involvement in online/Internet gambling change.

Member Signature Date

Signatures and Agreements

Please read carefully before signing.

INCLUDE A VALID DRIVER'S LICENSE COPY FOR ALL SIGNERS *~*~*

TIN Certification, Backup Withholding Information, and Citizenship

I am subject to backup withholding Exempt I am not a United States citizen or a resident (complete W-8BEN form)

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Taxpayer Identification Number shown is correct and that I am not, unless designated above, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. Furthermore, my signature certifies that I am a U.S. Person, including a U.S. Resident Alien.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Member Signature | Date |

Authorization

By signing below, I/we agree to the Terms and Conditions, Electronic Fund Transfers, and Funds Availability disclosures, Privacy Model disclosure, Substitute Check disclosure, Overdraft Privilege disclosure, Schedule of Products and Fees, if applicable, and to any amendment that the Credit Union makes from time to time, which are incorporated herein. I/we understand that the Terms and Conditions and applicable disclosures may be accessed via our website, www.southeastfinancial.org. I/we acknowledge the actual/electronic receipt of a copy of the Terms and Conditions and disclosures applicable to the accounts and benefits requested herein. If an access card or EFT service is requested and provided, I/we agree not to use the card(s) until I/we have read and understand the agreement governing its use. I/we authorize Southeast Financial Credit Union to request and obtain one or more credit reports about me/us from one or more credit reporting agencies for the purpose of considering my/our application for the Account, reviewing or collecting any account opened by me/us, or any other legitimate business purpose. I/we authorize Southeast Financial Credit Union to disclose information about my/our account to a credit reporting agency if my/our account is closed because I/we have abused it. The Internal Revenue Service does not require my/our consent to any provisions of this document other than the certifications required to avoid backup withholding.

| | | | |
|-----------------------------|----------------------|-----------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Member Signature | Date | Joint Owner/Other Signature | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Joint Owner/Other Signature | Date | Authorized Signatory | Date |

LifeTools Checking Cancellation Agreement

I/We understand that, as a condition of receiving a LifeTools Checking Account with FREE Bill Payer, I/we must actively maintain the agreed upon account services. If, for any reason, my/our direct deposits are discontinued, debit card is cancelled, eStatements are cancelled, or Bill Payer account is inactive for a period of two consecutive months, the LifeTools Checking Account will automatically be converted to a Regular Checking Account and Bill Payer will be cancelled. The Credit Union is not required to notify me of this change.

If applicable, I/we understand that, by cancelling my/our LifeTools Checking Account, all the benefits of the LifeTools Checking Account will be forfeited.

| | | | |
|-----------------------------|----------------------|-----------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Member Signature | Date | Joint Owner/Other Signature | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Joint Owner/Other Signature | Date | Authorized Signatory | Date |

For Credit Union Use Only:

| | | |
|-------------------------|----------------------|-------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Membership Verification | Processed Date | Credit Score |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Check Verification | Opened/Changed by | Account Number and suffix(es) |

Southeast Financial
credit union
membership and account application

www.southeastfinancial.org

Southeast Financial Credit Union
P.O. Box 331788
Nashville, TN 37203
615-743-3700 • 800-521-9653

**You
Belong
Here.™**

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