

## Enjoy the Benefits of Credit Union Membership

Welcome to Suncoast Schools Federal Credit Union, where members benefit from lower rates on loans, higher earnings on deposits and many free or low-fee services. That's because, unlike a bank that returns profits to shareholders, at Suncoast profits go to members. As a not-for-profit, completely member-owned cooperative, we exist to meet the financial needs of our membership. Unlike banks that have to answer to stockholders, we answer only to our members and do what's best for them.

Best of all, lots of people can join. For complete information about eligible groups, visit [www.joinsuncoastfcu.org](http://www.joinsuncoastfcu.org). With 50 full-service branches, Suncoast serves members in the following Florida counties: Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Hillsborough, Lee, Levy, Manatee, Pasco, Pinellas, and Sumter.

### USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, federal law (USA Patriot Act) requires all financial institutions to obtain, verify, and record information that identifies each person — applicant and joint applicant — who opens an account.

#### *What this means for you:*

When you open an account (deposit or loan), we will ask for your name, address, date of birth, and other information that will allow us to identify you. In addition, we will ask for unexpired government issued identification such as a driver's license and may ask for other identifying documents.

## Joining is Easy!

To expedite your request, follow the checklist below:

1. Complete the following forms (on reverse side):
  - Membership Application
  - Joint Applicant Information (required for each joint owner)
  - Signature Card (**mailed in forms require notary**)
2. Mail these forms along with the following items to the address listed below:
  - Clear photocopy of unexpired government issued photo ID (driver license, military picture ID, or passport)
  - Proof of eligibility, such as current payroll stub if joining through your employer
  - Include a check for at least \$5 payable to SSFCU (required to open account)
  - If joining through the SSFCU Retirement Association, a total of \$10 will be required (\$5 to open account and a one-time fee of \$5 to join the SSFCU Retirement Association)

**Suncoast Schools Federal Credit Union**  
**Attn: New Accts/Member Service Support**  
**Mail Code: MSS 001**  
**P. O. Box 11904**  
**Tampa, FL 33680**

OR

**Visit any Suncoast Service Center  
 and a Member Financial Associate  
 will be happy to assist you.**

## Deposit Accounts and Services

- Free Smart Checking
- Suncoast for Schools Rewards Check Card
- Share (Savings) Accounts
- Money Market Accounts
- Certificate Accounts
- Traditional and Roth IRAs
- Coverdell Savings Accounts
- Deferred Compensation Accounts
- Panther Kids' Club
- CU Succeed Teen Club

## Loan Accounts and Services

- Visa Credit Cards featuring ScoreCard® Rewards Bonus Points
- Car Buying Service
- Vehicle Loans (New or Used)
- Boat Loans
- Motorcycle Loans
- Harley Davidson Loans
- RV Loans
- Mobile Homes
- Tax Savers Loans
- Mortgage Loans – Purchase and Refinance
- Home Equity Loans and Lines of Credit

**For account information  
 or information on  
 credit union services, call the  
 Members Contact Center at  
 (813) 621-7511 or (800) 999-5887  
 or visit [www.suncoastfcu.org](http://www.suncoastfcu.org)**



# Application for Membership



**We invite you to take full  
 advantage of the many  
 products and services  
 we offer.**



**Suncoast Schools Federal Credit Union**  
 WHERE SMART PEOPLE KEEP THEIR MONEY.

## MEMBERSHIP APPLICATION

(Please fill out each section in its entirety. Disregard Joint Section if you have no joint owner.)

<b>MEMBERSHIP APPLICATION</b>	Owner Full Name _____	Member # _____ - _____
	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN _____
	Mailing Address _____	Date _____
	City _____ State _____ Zip _____ County _____	Date of Birth _____
	Physical Address (if different from mailing address) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____	Applicant's Birth Place _____
	City _____ State _____ Zip _____ County _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	E-mail Address _____	Home Phone ( _____ ) _____
	Employer _____ Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ( _____ ) _____
	Employer Address _____	Cell Phone ( _____ ) _____
	City _____ State _____ Zip _____ County _____	Length of Employment: _____ yrs. _____ mos.
Occupation _____	Driver's License No. _____	
Salary Range <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$75,000 <input type="checkbox"/> \$75,001+	Expiration Date _____	
Have you previously been a member of this Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's Maiden Name _____	
Opening Deposit (\$5.00 Minimum required): Cash/Check \$ _____ Transfer \$ _____ From Account # _____ Suffix _____		
<b>I am eligible for membership:</b>		
<input type="checkbox"/> Through my employer listed above.		
<input type="checkbox"/> As a _____ of _____ / _____, who is a member of this Credit Union.		
(relationship) (name) (member/account number)		
Family Member Daytime Phone Number _____		
<input type="checkbox"/> As a member of the Suncoast Schools Federal Credit Union Retirement Association, Inc. (\$5.00 fee)		
<input type="checkbox"/> Other _____		

<b>JOINT APPLICANT INFORMATION</b>	Full Name _____	Member # _____ - _____
	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN _____
	Mailing Address _____	Date _____
	City _____ State _____ Zip _____ County _____	Date of Birth _____
	Physical Address (if different from mailing address) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____	Applicant's Birth Place _____
	City _____ State _____ Zip _____ County _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	E-mail Address _____	Home Phone ( _____ ) _____
	Employer _____ Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ( _____ ) _____
	Employer Address _____	Cell Phone ( _____ ) _____
	City _____ State _____ Zip _____ County _____	Length of Employment: _____ yrs. _____ mos.
Occupation _____	Driver's License No. _____	
Salary Range <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$75,000 <input type="checkbox"/> \$75,001+	Expiration Date _____	
	Mother's Maiden Name _____	

## SIGNATURE CARD

(All mail-in applications require notary.)

Refer to Checklist under "Joining is Easy!" on reverse side

<b>SIGNATURE CARD</b>	ACCOUNT OWNERSHIP: _____	Member # _____ - _____
	<input type="checkbox"/> Single Party Account <input type="checkbox"/> Multiple Parties with Survivorship Rights	
	<input type="checkbox"/> Trust Account	
	Owner Full Name _____ Birthdate _____ SSN _____	
	Joint Owner Full Name _____ Birthdate _____ SSN _____	
	BY SIGNING BELOW I/WE ACKNOWLEDGE AND/OR ACCEPT: (1) RECEIPT OF THE ACCOUNT AGREEMENT AND DISCLOSURE FOR THIS ACCOUNT; (2) THE TERMS AND CONDITIONS IN THE ACCOUNT AGREEMENT AND TO CONFORM TO THE BYLAWS OF THE CREDIT UNION; (3) THAT AS PERMISSIBLE BY LAW THE CREDIT UNION MAY AMEND THE ACCOUNT AGREEMENT AND DISCLOSURE AND BYLAWS; (4) THE INFORMATION ON THE MEMBERSHIP APPLICATION IS ACCURATE, TRUE AND CORRECT AND IN THE EVENT ANY OF THE INFORMATION IS INACCURATE, SUNCOAST SCHOOLS FEDERAL CREDIT UNION RESERVES THE RIGHT, IN ITS SOLE DISCRETION, TO CLOSE ANY AND ALL APPLICABLE MEMBERSHIP(S) OR ACCOUNT(S) IN ACCORDANCE WITH ITS POLICIES AND GUIDELINES. ACCOUNTS OPENED BY MAIL WILL RECEIVE AN ACCOUNT AGREEMENT AND DISCLOSURE 10 DAYS AFTER THE DATE OF INITIAL DEPOSIT.	
	<b>FURTHER, I/WE HEREBY AUTHORIZE SUNCOAST TO OBTAIN A CREDIT REPORT(S) FOR EACH APPLICANT WHEN CONSIDERING REQUESTS FOR ANY MEMBER SERVICE(S) OR ACCOUNT(S).</b>	
	<b>UNDER PENALTIES OF PERJURY, I CERTIFY THAT: (1) THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER, (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).</b>	
	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-8BEN IF YOU ARE NOT A U.S. PERSON.	
	<b>THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.</b>	
Signature X _____	Date _____	
Signature X _____	Date _____	

<b>NOTARY</b>	State of _____ County of _____	
	The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, _____, _____ who has produced _____, _____ as ID.	
	_____ Notary Public	

<b>FOR INTERNAL USE ONLY</b>	
<input type="checkbox"/> New <input type="checkbox"/> Re-Open <input type="checkbox"/> Replacement	Date Received _____ <input type="checkbox"/> By Mail <input type="checkbox"/> In Person
Processor _____	Service Center _____