MEMBERSHIP AND ACCOUNT APPLICATION

Become a member today and unlock valuable benefits like free checking, great loan and credit card rates, and fewer fees!

1. **Complete this application**
   - Please fill out all sections as completely as possible.
   - While not all sections may be required, ensure all information within completed sections is accurate and legible.

2. **Attach color photocopies of valid, government-issued photo ID (driver's license, passport, etc.) for all applicants.**
   - Non-U.S. citizens: Provide color photocopies of your valid passport and one additional form of valid, government-issued photo ID.

3. **Return completed application & ID copies to your nearest branch or mail to:**

   Advancial
   10000 N. Central Expy., Ste. 1400
   Dallas, TX 75231

For a faster and more convenient application process, scan the QR code to apply online!

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see (and retain a copy of) your driver's license, passport or other identifying documents that will help us identify you. If we have difficulty verifying any Account holder's identity, we may not be able to open an Account or establish a relationship, or we may have to block or close the Account.

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Member/Primary Account Owner Information

Complete all fields in this section for the Member/Primary Account Owner. If the Primary Account Owner is under age 18, a parent or guardian must be a Joint Account Owner.

A. Membership Eligibility

☐ I am an employee or member of an Advancial Select Employer Group.

_____
Employer's / Association's Name

☐ I have a family member that is an Advancial member or is eligible for Advancial membership.

_____
Family Member's Name

☐ I live, work, worship, or attend school in a member community Advancial serves in:

☐ Louisiana ☐ North Carolina ☐ South Carolina

B. Personal Information

_____
Full Legal Name (Must match government issued ID): *First/Given Name, Middle Name, Last/Surname/Family Name*

_____ _____ _____ ☐ I do not have a Social Security/Tax ID Number
Nickname (Preferred Name) Date of Birth (MM/DD/YYYY) Social Security/Tax ID Number

Citizenship: ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ Nonresident Alien _____
Country of Citizenship if not U.S. Citizen

C. How Did You Hear About Advancial?

☐ Advancial Website ☐ Internet Search ☐ Social Media ☐ Mobile Ad Other Website _____
☐ Billboard ☐ Mailer ☐ TV/Radio ☐ Newspaper/Magazine ☐ Word of Mouth Other _____

D. Contact Information

To expedite the processing of your application, please provide proof of residency if your residential/permanent address differs from the address on your photo ID.

_____ _____ _____ _____ _____
Residential/Permanent Street Address *(no P.O. boxes)* City State Zip Code Country

_____ _____ _____ _____ _____
Mailing Address (*if different from above; P.O. boxes may be used*) City State Zip Code Country

_____ _____ _____
Mobile/Primary Phone Number Alternate Phone Number Preferred Email Address *(to receive notifications and information regarding your Account)*

E. Employer Information

_____ _____ _____
Employer Occupation/Job Title Work Phone Number

F. Photo Identification (ID) Information

Remember to include a clear COLOR PHOTOCOPY of your valid, government-issued photo ID with your application. Non-U.S. citizens must provide two forms of ID including a valid passport and one additional form of valid, government-issued photo ID.

ID Type: ☐ Driver's License ☐ Passport ☐ Other: _____

_____ _____ _____ _____
Identification (ID) Number Expiration Date (MM/DD/YYYY) Issuing State/Province Issuing Country

Additional ID Type (Non-U.S. Citizens Only): ☐ Driver's License ☐ Other: _____

_____ _____ _____ _____
Identification (ID) Number Expiration Date (MM/DD/YYYY) Issuing State/Province Issuing Country

2 Joint Account Owner Information

Complete all fields in this section to add a Joint Owner to the Account. A Joint Owner has access to the Account including any subaccounts opened now or in the future, except IRA and loan accounts where the Joint Owner is not a borrower.

A. Personal Information

Full Legal Name (Must match government issued ID): *First/Given Name, Middle Name, Last/Surname/Family Name*

Nickname (Preferred Name) | Date of Birth (MM/DD/YYYY) | Social Security/Tax ID Number ☐ I do not have a Social Security/Tax ID Number

Citizenship: ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ Nonresident Alien

Country of Citizenship if not U.S. Citizen

B. Contact Information

To expedite the processing of your application, please provide proof of residency if your residential/permanent address differs from the address on your photo ID.

Residential/Permanent Street Address *(no P.O. boxes)* | City | State | Zip Code | Country

Mobile/Primary Phone Number | Alternate Phone Number | Preferred Email Address

C. Employer Information

Employer | Occupation/Job Title | Work Phone Number

D. Photo Identification (ID) Information

Remember to include a clear COLOR PHOTOCOPY of your valid, government-issued photo ID with your application. Non-U.S. citizens must provide two forms of ID including a valid passport and one additional form of valid, government-issued photo ID.

ID Type: ☐ Driver's License ☐ Passport ☐ Other:

Identification (ID) Number | Expiration Date (MM/DD/YYYY) | Issuing State/Province | Issuing Country

Additional ID Type (Non-U.S. Citizens Only): ☐ Driver's License ☐ Other:

Identification (ID) Number | Expiration Date (MM/DD/YYYY) | Issuing State/Province | Issuing Country

MEMBERSHIP AND ACCOUNT APPLICATION

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3 Account Selection(s)

Select your account(s) by completing this section.

REQUIRED MEMBERSHIP SAVINGS ACCOUNT

	Minimum To Open	Opening Deposit Amount
☐ **Savings/Membership** (ages 18 and older)	$5	$ _____
☐ **Dinero Teens®** (ages 13-18)	$5	$ _____
☐ **Money Musketeers®** (ages 12 and younger)	$5	$ _____

OPTIONAL CHECKING ACCOUNT

	Minimum To Open	Opening Deposit Amount
☐ **Ultimate** (SSN/ITIN required)	$0	$ _____
☐ **Inbound USA** (No SSN/ITIN required)	$0	$ _____
☐ **Dinero Teens®** (ages 13-18)	$0	$ _____

OPTIONAL SAVINGS CERTIFICATE

	Minimum To Open	Opening Deposit Amount	Term
☐ **Regular**	$ 1,000	$ _____	_____
☐ **Junior Jumbo**	$ 25,000	$ _____	_____
☐ **Jumbo**	$ 50,000	$ _____	_____

Renewal Instructions *(Select one)*

☐ Automatically renew at maturity
☐ Transfer funds to Savings Account at maturity

Dividend Payment Option *(Select one)*

☐ Compound monthly
☐ Transfer funds monthly to Savings Account
☐ Check sent monthly to my address

OPTIONAL MONEY MARKET ACCOUNT

	Minimum To Open	Opening Deposit Amount
☐ **Regular**	$ 2,500	$ _____
☐ **Premium**	$ 100,000	$ _____

OPTIONAL CHECKING ACCOUNT SERVICES

Choose the services you would like to add, if any, to your Checking Account. Enrollment is required to utilize these services.

A. Debit Card

A debit card allows you to make purchases and withdraw cash at ATMs.

☐ Debit Card for Member/Primary Account Owner

☐ Debit Card for Joint Account Owner

☐ Debit Card for Authorized User _____
Name to appear on Card

B. Overdraft Protection Options

Advancial offers two overdraft protection options: Overdraft Transfers and Check Clear® Courtesy Overdraft Privilege ("Check Clear"). These services can help you avoid overdrafts. If you choose to enroll your Checking Account in both Overdraft Transfers and Check Clear Courtesy Overdraft Privilege, we will attempt to cover the transaction by Overdraft Transfers method before using Check Clear.

1. **Overdraft Transfers**

Overdraft Transfers uses funds from a designated account, such as your Savings Account or Money Market Account, in order to cover your overdrafts. We do not charge an Overdraft Transfer fee. NOTE: Federal regulations limit the number of certain types of withdrawals and transfers from savings or money market accounts to six per month. Withdrawals and transfers from Money Market Savings Accounts in excess of three per month are subject to an Excessive withdrawal Fee as set forth in the Account Services & Fee Schedule.

☐ Enroll my Account in Overdraft Transfers from my Primary/Membership Savings Account

☐ Enroll my Account in Overdraft Transfers from my Money Market Saving Account

2. **Check Clear® Courtesy Overdraft Privilege**

Check Clear is a discretionary service that may cover overdrafts up to the Account's courtesy overdraft limit. The types of transactions covered by Check Clear depend on the coverage level selected. A $10 fee applies for each covered transaction, up to a daily maximum. Your Account must be brought to a positive balance within 45 days. Check Clear services may be revoked if your Account remains negative for more than 30 days. You must be 18 years of age to enroll in this service. This service is not available on Dinero Checking.

By checking a box below to enroll and opt in to Standard Check Clear or Extended Check Clear, you acknowledge reading and understanding the "What You Need to Know About Overdrafts and Overdraft Fees" disclosure. You can revoke your consent at any time by notifying us.

Choose your level of Check Clear protection:

☐ Enroll my Account in Standard Check Clear
Coverage for the following transactions: (1) Checks and other transactions made using your checking account number and (2) Automated Clearing House (ACH) transactions

☐ Enroll my Account in Extended Check Clear
Coverage for the following transactions: (1) Checks and other transactions made using your checking account number, (2) Automated Clearing House (ACH) transactions, and (3) Debit card transactions (recurring and one-time)

4 Account Funding Method

Complete this section to indicate the method to fund the total opening deposit(s) for your account selection(s). Cash accepted for in-person applications only.

☐ **Check.** Please make check payable to Advancial. Checks must be payable in U.S. dollars through a U.S. financial institution.

☐ **Transfer from Another Advancial Account.**
Must be in the name of one of the applicants.
Advancial Membership Number _____ Account ID/Suffix _____

☐ **Non-Advancial Debit or Credit Card.** All major U.S. debit and credit cards accepted. Your credit card provider may process the transaction as a cash advance and may charge a fee. Please refer to your provider's credit card agreement for more information.

Card Type ☐ Visa® ☐ Mastercard® ☐ Discover® ☐ American Express®

Card Number _____ Expiration _____ CVV/Security Code _____ Name as it appears on the card _____

Card Billing Address _____ City _____ State _____ Zip Code _____

5 Account Designations

A. Verbal Account Password/Passphrase (Required)

Create a verbal passphrase/password for your Account. Your Account cannot be established without one. You will be asked to provide this password/passphrase when making inquiries on your Account by telephone.

_____

Verbal Password/Passphrase (maximum 20 characters; use only letters; do not use numerals, special characters or spaces)

B. Account Ownership

Complete this section if you prefer an ownership structure other than the pre-selected type. The type of ownership selected, including any Payable on Death (P.O.D.) designation, will apply to your Account and any subaccounts opened now or in the future under the same membership number (except for IRA and loan accounts). The type of ownership selected may determine how your property passes on your death. For some ownership types below, your will may not control the disposition of funds held in your Account, including any subaccounts.

Individual Accounts: You may change the pre-selected account ownership type by checking the box below.

❄ **Single Party Account without P.O.D.**
On the death of the Account Owner, ownership of the accounts and any subaccounts passes as part of your estate under your will or by intestacy. By default and unless otherwise indicated , all Single Party Accounts are without P.O.D.

☐ **Single Party Account with P.O.D.**
On the death of the Account Owner, ownership of the Account and any subaccounts passes to the surviving P.O.D. Beneficiaries in equal shares. The Account is not part of your estate. By default and unless otherwise indicated, all Single Party Accounts are without P.O.D.

Joint Accounts: You may change the pre-selected account ownership type by checking one of the boxes below.

❄ **Multiple Party Account with Right of Survivorship and no P.O.D.**
On the death of an owner, the owner's ownership of the Account and any subaccounts passes to the surviving owners. **By default and unless otherwise indicated, all Multiple Party Accounts are with Right of Survivorship and no P.O.D. designation.**

☐ **Multiple Party Account with Right of Survivorship and P.O.D.**
On the death of an owner, the owner's ownership of the Account and any subaccounts passes to the surviving owners. On the death of the last surviving Account owner, ownership of the Account and any subaccounts passes to the surviving P.O.D. Beneficiaries in equal shares.

☐ **Multiple Party Account without Right of Survivorship**
On the death of an owner, the owner's ownership of the Account and any subaccounts passes as part of the owner's estate under the owner's will or by intestacy. A P.O.D. designation may not be made for a Multiple Party Account without Right of Survivorship.

C. Payable on Death Beneficiary(ies)

Complete this section only if you have selected an Account Ownership Type with a P.O.D. designation. All fields must be completed for each designated beneficiary. Beneficiaries all share equally. Please speak with an Advancial representative to designate additional beneficiaries for your Account.

Beneficiary Legal Name *(First/Given Name, Middle Name, Last/Surname/Family Name)* _____

SSN/Tax ID Number _____ ☐ Beneficiary has no Social Security/Tax ID Number

Date of Birth (MM/DD/YYYY) _____ Relationship to Member _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Mobile/Primary Phone Number _____ Email Address _____

Beneficiary Legal Name *(First/Given Name, Middle Name, Last/Surname/Family Name)* _____

SSN/Tax ID Number _____ ☐ Beneficiary has no Social Security/Tax ID Number

Date of Birth (MM/DD/YYYY) _____ Relationship to Member _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Mobile/Primary Phone Number _____ Email Address _____

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6 Taxpayer Certification

The IRS-required certification set forth below applies to the Member/Primary Account Owner listed on this application. Dividends earned on accounts may be considered taxable income and are subject to reporting to the U.S. Internal Revenue Service. Advancial uses the Substitute W-9 Form below to certify your taxpayer status. Dividend-bearing accounts are available only to individuals who have a valid taxpayer identification number and are eligible to certify their taxpayer status on the Substitute W-9 Form below. For tax reporting purposes, if you are not a U.S. citizen or other U.S. person, or if you are unsure of your taxable status, we recommend consulting a qualified professional before completing this section.

By signing below and under penalties of perjury, you certify that (1) the number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to you), and (2) you are not subject to backup withholding because (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, (3) you are a U.S. citizen or other U.S. person (including a U.S. resident alien), and (4) the Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) indicating that you are exempt from FATCA reporting is correct.

Certification Instructions: Check the first box below 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. Check the second box below and complete IRS Form W-8BEN if you are not a U.S. citizen or other U.S. person (including a nonresident alien). Item 4 above does not apply.

DO NOT CHECK UNLESS APPLICABLE. These selections do not apply to most persons. If you have questions, please contact us.

☐ I am subject to backup withholding ☐ I am not a U.S. citizen or other U.S. person (including a nonresident alien)

7 Signature(s)

By signing below, the Member/Primary Account Owner (a) hereby makes application for membership in Advancial Federal Credit Union, (b) certifies that it satisfies the Credit Union's membership requirements, and (c) agrees to subscribe for at least one share. Each person signing below ("you") certifies that the information provided in this application is accurate and complete, and you agree to promptly inform the Credit Union within 30 days of any changes to this information. In addition, you authorize the Credit Union to check your credit history, to request and use reports regarding the same, and to answer questions about its credit experience with you. You also acknowledge that the Credit Union reserves the right to limit services based on information provided by credit reporting agencies. The Credit Union may additionally restrict or deny services, including without limitation, electronic fund transfers services such as debit/ATM card and online Account access, if you become delinquent on an obligation to us, cause us a loss, or are abusive in the conduct of your affairs with the Credit Union. The Member/Primary Account Owner and the Joint Account Owner (if any), acknowledges receipt of and agrees to be bound by the Advancial Federal Credit Union Membership and Account Agreement, including without limitation the Funds Availability Policy and the Account Services and Fee Schedule. You also agree to be bound by any other instrument or agreement received or executed in connection with the opening or maintenance of any Advancial Federal Credit Union Account or service, together with all of the Credit Union's policies, procedures, rules, and bylaws as amended from time to time. If your Account will be a Multiple Party Account with Right of Survivorship, then on the death of one owner to the Account, all sums in the Account on the date of death vest in and belong to each surviving owner as their separate property and estate. **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/Primary Account Owner Signature	Printed Name	Date
Joint Account Owner Signature	Printed Name	Date