



ACCOUNT NO.

Important Information — Procedures on 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 to me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents. My information is secure and will not be shared with any third parties.

MINOR ACCOUNT APPLICATION

I would like to apply for:

New Account Account Change: _____

In this Minor Account Application, "I" and "My" mean each and every person who signs below, "You" and "Your" mean Southland Credit Union. If I am not currently a Member, I hereby make application for membership in SOUTHLAND CREDIT UNION. Each applicant for membership certifies that he or she is within the Credit Union's field of membership. I agree that you may retain this Minor Account Application and other information you may receive. I agree to conform to all applicable terms and conditions set forth in the Account (Terms and Conditions) Agreement and Truth-in-Savings Disclosure and the Electronic Funds Transfer Agreement and Disclosure, Funds Availability Disclosure and Fee Schedule (Receipt of which is/are hereby acknowledged and which are incorporated by this reference). I understand and agree that this Minor Account Application shall only govern the accounts set forth under the root account number established (excluding IRA Accounts). General membership provision: I authorize you to obtain and periodically (re) verify employment, credit, and checking account information as you deem appropriate from time to time. I understand that this will assist you, for example, in determining my initial and on-going eligibility for my accounts) and/or in connection with making credit opportunities available to me.

MINOR INFORMATION

LAST NAME		FIRST NAME		M.I.
HOME ADDRESS		CITY / STATE / ZIP		MOTHER'S MAIDEN NAME
MAILING ADDRESS (if different than home address)		CITY / STATE / ZIP		DATE OF BIRTH
HOME PHONE NO. () () ()	WORK PHONE NO. () () ()	CELL PHONE NO. () () () () () ()		
DRIVER'S LICENSE NO. / STATE / ISSUE DATE / EXPIRATION DATE			EMAIL ADDRESS	
EMPLOYER	OCCUPATION	EMPLOYER CITY	DATE OF HIRE	
HOW ARE YOU ELIGIBLE FOR MEMBERSHIP / REFERRED BY			HOW DID YOU HEAR ABOUT SOUTHLAND	

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN).

Social Security No. — —

Note: If the account is in more than one name, see the chart in the Instruction to IRS Form W-9 for guidelines on "What Name and Number To Give the Requester."
 By signing below, you certify, under the penalties of perjury, that: 1) The number shown on this form is your correct Taxpayer Identification Number, 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. person, and (4) You are exempt from FATCA reporting. **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 or dividends on your tax return.

JOINT OWNER

LAST NAME		FIRST NAME		M.I.
HOME ADDRESS		CITY / STATE / ZIP		MOTHER'S MAIDEN NAME
HOME PHONE NO. () () ()	WORK PHONE NO. () () ()	CELL PHONE NO. () () () () () ()		
DRIVER'S LICENSE NO. / STATE / ISSUE DATE / EXPIRATION DATE		SOCIAL SECURITY NO.		DATE OF BIRTH
RELATIONSHIP TO MEMBER		EMAIL ADDRESS		
EMPLOYER		OCCUPATION		

PAY-ON-DEATH PROVISION—(BENEFICIARY)

In the event that All account holders die, the Credit Union is instructed to pay all funds remaining in accounts opened under the root account number established under this Membership Application in the following manner: FIRST to the Credit Union to the extent of any outstanding matured or unmatured debts owed to the Credit Union by any of you and , SECOND, in equal proportions to those of the following individuals (each a "pay-on-death payee") who remain alive at the time that the last account holder dies:

LAST NAME		FIRST NAME		M.I.
SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP TO MINOR		
LAST NAME		FIRST NAME		M.I.
SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP TO MINOR		

Sign Here	Notice: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.		
	MINOR'S SIGNATURE X	DATE	
Sign Here	JOINT OWNER'S SIGNATURE X	DATE	