Everence Federal Credit Union
Membership Application

Everence®

Member number (assigned by credit union) _____

Please type or print to complete and return this application and initial deposit to your local branch or mail it to Everence Federal Credit Union, 2160 Lincoln Highway E., Suite 20, Lancaster, PA 17602. If mailing the application, please include a copy of your valid photo ID.

1. Primary member

Name of primary member _____ Birth date _____

Social Security/Tax Identification number _____ Email address _____

Street address (**required**) _____

Mailing address *(if different from above)* _____
Street City State ZIP

Primary phone _____ ☐ cell ☐ home ☐ work Secondary phone _____ ☐ cell ☐ home ☐ work

Preferred language: _____

For security and identification purposes: Mother's maiden name _____ Code word _____

Photo ID: State _____ Number _____ Expiration date _____

How did you hear about us? _____

Employer _____ Occupation _____

Membership eligibility (choose one)

☐ I am a member of, employee of, or student of a Mennonite or Anabaptist church or organization.
Name of church or organization: _____ ,

☐ I, or an immediate family member, owns another Everence product. Name of family member _____ , or

☐ I share values consistent with the Anabaptist understanding of Christian stewardship (Psalm 24 – all I am and all I have are from God) and, in response to God's generosity, practice stewardship of all my resources.

2. Account ownership

Check the appropriate box to indicate account type. If more than two joint owners, call 800-451-5719.

☐ Individual account (go to section 3)

☐ Joint with survivorship (for joint accounts, supply joint owner information immediately below)

☐ Representative payee (Must supply Social Security Administration letter, only 1 Representative Payee allowed)

☐ Custodian (must complete account designation form or provide court order)

Joint/Rep.Payee/Custodian Name _____ Birth date _____

Social Security/Tax Identification number _____ Email address _____

Street address *(if different than primary member)* _____
Street City State ZIP

Primary phone _____ ☐ cell ☐ home ☐ work Secondary phone _____ ☐ cell ☐ home ☐ work

For security and identification purposes: Mother's maiden name _____ Code word _____

Photo ID: State _____ Number _____ Expiration date _____

Employer _____ Occupation _____

Name of second Joint/Custodian (if applicable) _____ Birth date _____

Social Security/Tax Identification number _____ Email address _____

Street address *(if different than primary member)* _____
Street City State ZIP

Primary phone _____ ☐ cell ☐ home ☐ work Secondary phone _____ ☐ cell ☐ home ☐ work

For security and identification purposes: Mother's maiden name _____ Code word _____

Photo ID: State _____ Number _____ Expiration date _____

Employer _____ Occupation _____

3. Savings and loan accounts

Primary savings: Membership in Everence requires a minimum deposit of $5 into a primary savings. This money is yours, but $5 must remain in the account as long as you are a member. **Send your initial deposit with this application**.

Other accounts: Indicate which accounts you wish to open with this application. See separate fee and rate schedules for minimum deposit and minimum balance requirements to avoid fees.

- ☐ regular checking
- ☐ relationship checking
- ☐ student checking
- ☐ club accounts
- ☐ jubilee account
- ☐ youth savings
- ☐ share certificate
- ☐ relationship savings
- ☐ indexed money market
- ☐ Health Savings Account (HSA)*
- ☐ Individual Retirement Account (IRA)*

Debit Cards:

- ☐ Order Primary Owner Card (Use separate order form for minors.)
- ☐ Order Joint Owner card
- ☐ Order Representative Payee or Custodian Card

Loans: Everence offers a variety of loans.

- ☐ *MyNeighbor credit card**: Everence donates 1.50% of your transaction totals to the charitable organization of your choice.
- ☐ *Consumer*:* Vehicle, personal and student loans.
- ☐ *Real estate**: Fixed- and adjustable-rate mortgages, fixed- and adjustable-rate home equity loans and lines of credit.
- ☐ *Business**: Loans and lines of credit.

**Additional applications are required and given when indicated.*

4. Authorizations, backup withholding information, and signatures

Consumer reports. *By submitting a membership application, you authorize Everence Federal Credit Union to obtain a consumer credit report to evaluate your creditworthiness so that you may be considered for other Everence products and services. You also authorize Everence Federal Credit Union to obtain consumer reports for purposes of evaluating the membership application and reviewing any Everence accounts you open. You understand these reports may be used in decisions to deny account applications, close accounts, and/or restrict accounts or services.*

Disclosures. *By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate Sheet, Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.* ***The Internal Revenue Service (IRS) does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.***

Requesting a debit card. *If the debit card box is selected in Section 3 above, by signing below, I request an Everence Federal Credit Union MasterCard debit/ATM card be issued in my name and in the name of the co-applicant (if applicable). Further, I acknowledge that I have received a copy of the MasterCard debit/ATM card cardholder agreement and that I have read, understand, and agree to be legally bound by the terms and conditions of that agreement. I also acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Funds Transfer Act and Truth-in Savings Act as applicable.*

Certification, backup withholding information.

Under penalties of perjury, I certify that:

1. *The Social Security Number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and*
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 IRS that I am subject to backup withholding as a result of 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).*

Instructions: You must cross out number 2 above if you have been notified by the IRS that you are currently subject to backup withholding. Cross out number 3 above and complete Form W-8 BEN if you are not a U.S. person.

X _____
Signature of primary member Date

X _____
Signature of first joint owner/Representative Payee/Custodian Date

X _____
Signature of second joint owner/Custodian (if applicable) Date

5. Member service questionnaire – transactional account

To help us serve you better and understand the types of transactions you anticipate for your credit union account, we are requesting that you answer the following questions. We appreciate you taking the time to answer these questions.

Citizenship *(Check one)*
☐ U.S. citizen ☐ Resident alien ☐ Nonresident alien
If non-U.S. citizen, country of citizenship _____

Will you be using our wire services regularly? *(Check all that apply)*
☐ Domestic wires more than five times a month ☐ International wires more than 5 times a month

How will you be primarily funding your account? *(Check only one option)*
☐ Payroll ☐ Wires ☐ ATM deposits ☐ Cash ☐ Checks ☐ Electronic deposits

Will you have any large cash needs over $5000 on a regular basis? *(Check one)*
☐ Yes ☐ No

How many times a month do you anticipate you will be using the ATM? *(Check one)*
☐ Less than 25 times per month ☐ More than 25 times per month

How many checks do you anticipate writing each month? *(Check one)*
☐ 0-50 ☐ 51-100 ☐ More than 100

Will you be purchasing money orders more than five times a month? *(Check one)*
☐ Yes ☐ No

Everence Federal Credit Union
2160 Lincoln Highway E., Ste. 20
Lancaster, PA 17602-1150
everence.com/banking
Toll-free: 800-451-5719
F: 717-735-8331
infocu@everence.com

For staff use only
Date of membership _____ Opened by _____
☐ Identity verification form (copy attached)
☐ Member service questionnaire