MUTUAL SECURITY
Your Community Credit Union
We Work for You!

Membership Application

Eligibility (Please check one):
- ○ I live, work, worship or attend school in Fairfield, Litchfield or New Haven county.
- ◉ I am a family member of a current Mutual Security member. Member Name: _____

NOTE: Copy of ID Required: To open an account, you must provide a copy of a valid government issued identification – driver's license, State-issued ID, or passport – for each signer (if applicable) along with a check for your initial deposit.

How did you hear about us? ○ Friend/Family ○ Newspaper ○ Radio ○ TV ◉ Company _____ ○ Internet ○ Other_____

Primary Owner Information			
Name: (Last, First, Middle Initial)			
Social Security # (Tax ID):			
Date of Birth:			
Home Phone & Cell Phone:			
Street Address:			
City, State & Zip:			
ID/Driver's License: (Number, State, Expiration Date)			
Email:			
Employer:			
Employer Street Address:			
Employer City, State & Zip:			
Work Phone:			

Joint Owner Information			
Name: (Last, First, Middle Initial)			
Social Security # (Tax ID):			
Date of Birth:			
Home Phone & Cell Phone:			
Street Address:			
City, State & Zip:			
ID/Driver's License: (Number, State, Expiration Date)			
Email:			
Employer:			
Employer Street Address:			
Employer City, State & Zip:			
Work Phone:			

Designation of Beneficiary (if no Joint Owner)
Reserving the undersigned the right to revoke or change this designation, in writing, I hereby designate:

First Beneficiary			
Name: (Last, First, Middle Initial)			
Social Security Number:		Date of Birth:	
Street Address:			
City, State & Zip:			

Successor Beneficiary			
Name: (Last, First, Middle Initial)			
Social Security Number:		Date of Birth:	
Street Address:			
City, State & Zip:			

Checking Accounts:

○ **Cash Back Checking** - Earn 2% cash back on everyday purchases*
*Cash Back Checking requires no minimum balance and there are no monthly service fees. Earn 2% cash rewards on non-PIN/signature/online purchases. Maximum monthly cash back amount is $6. Cash back is not earned if requirements are not met. $5 minimum opening deposit.

○ **Ultimate Checking*** (UC) – High Yield Checking Account
*Rate tiers are as follows: Rate of 1.49% APY applies to balances of $0.01 - $15,000 and 0.10% APY paid on balances over $15,000 per statement cycle when requirements are met. Fees may reduce earnings. No dividends will be earned if requirements are not met. $50 minimum opening deposit.

○ **Advantage Checking***
*Rate tiers are as follows: Balance of $15,001 and Up - 0.050% and balance of $0.01 - $15,000 - 0.025% . Free if you are over the age of 65 OR if you maintain a minimum daily balance of $5,000.00 or a $4 monthly fee applies. $5 minimum opening deposit.

○ **Classic Checking**
$4 monthly service fee which can be reduced or eliminated by enrolling in eStatements and using your VISA Bonus Check Card (for non-PIN/signature/online purchases). $5 minimum opening deposit.

Additional Accounts: Check off the account(s) you would like to open:

- ☐ Holiday Club - $5 minimum opening deposit
- ☐ Vacation Club - $5 minimum opening deposit
- ☐ Money Market - $2,500 minimum opening deposit
- ☐ Starter Certificate (Term: _____ mos.) - $50 maximum weekly direct deposit
- ☐ Certificate (Term: _____ mos.) - $500 minimum opening deposit

To help 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 you your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

TIN Certification and Backup Withholding Information
Under penalties of perjury, I certify that:

	Primary Applicant	Joint Applicant
The number shown on this form is my correct Taxpayer Identification Number (TIN).	◉ Yes ○ No	○ Yes ◉ No
I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.	◉ Yes ○ No	○ Yes ◉ No
I am a U.S person (including a U.S. Resident Alien).	◉ Yes ○ No	◉ Yes ○ No

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____ / _____ _____ / _____

Primary Owner Signature **Date** **Joint Owner Signature** **Date**