

Mission for Our Schools



**Earn a \$25 reward and
a \$25 Donation to Your School**

When you open a Mission Fed Checking Account, we will reward you with \$25 and make a \$25 donation directly to your school.

Here for All San Diegans. Try Us.

Learn more at:
MissionFed.com/Schools

Find out more at **MissionFed.com**

858.524.2850 | 800.500.6328



Insured by NCUA

MISSION FED
CREDIT UNION

Accounts subject to approval; terms and conditions apply. Subject to change without notice. May not be used in conjunction with other promotional offers. Mission Fed employees are not eligible. New member must be 18 years of age or older, the primary signer, and cannot be a signer on a Mission Fed account within the last 12 months. Youth Account joint signers are eligible. Minimum opening deposit: \$25 for Easy Checking and \$100 for Smart Checking. \$500 minimum balance required to earn 0.05% Annual Percentage Yield (APY) on Smart Checking as of 1/1/20; fees could reduce earnings. New Checking Account must be opened by 12/31/20 and remain open a minimum of 90 days with five (5) eligible member-initiated transactions posted to the account within 90 days of account opening. Eligible transactions: ACH, cash, or check deposits and withdrawals; debit card purchases; online or mobile banking transfers; and bill payments. Upon satisfaction of the above requirements, \$25 will be deposited to the new member's account on the 91st day of the new member's account opening and a \$25 check will be issued to the school by the 110th day from the new member's account opening. Recipients are responsible for all taxes; amounts are reported to the appropriate agencies as required by law. Visit MissionFed.com/Schools to locate an approved school or to nominate a school. MNG-F1-052020

Event _____

Employee/BD or Branch _____

NEW ACCOUNT APPLICATION

Thank you for your interest in opening an account with Mission Fed. We make it easy! Please print and use a blue or black pen to complete and sign this application. **I'm interested in these services (please check all that apply):**

Savings Account

Checking Account with a Debit Card

Direct Deposit

Primary Member

 Last Name First Name Middle Initial

 Social Security Number Date of Birth Mother's Maiden Name

 Primary Identification (Gov. Issued): ID Type/Number, Issue Date, Expiration Date,
 Gov. Issued: Driver License, State ID, Passport, etc.

 Secondary Identification (Gov. or Non-Gov. Issued): ID Type/Number, Issue Date, Expiration Date
 Non-Gov. Issued: Work ID, Debit/Credit card, Insurance card, Costco card, etc.

 Physical Street Address (No P.O. Box) Apartment/Unit Number City, State, Zip

 Mailing Address Apartment/Unit Number City, State, Zip

 Home Phone Number Cell Phone Email Address

 Employer Occupation Work Phone

 Best Way to Contact Call Home Call Cell Call Work Email

Check here if this is an Informal Trust (Payable On Death) Account and please name your beneficiaries:

Name _____ Date of Birth (MM/DD/YYYY) _____

Name _____ Date of Birth (MM/DD/YYYY) _____

Certification of Taxpayer Identification Number (W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, **and**
2. I am not subject to backup withholding due to a failure to report interest and dividend income, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out Item 2 above if you have been notified by the IRS you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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 your name, street address, date of birth, tax identification number, and other information that will identify you. We may ask to see your driver license and/or identifying documents.

By signing below, you are applying for credit union membership. You authorize the use of consumer reports from third parties, including but not limited to, credit checks, depository history information and verification of employment. You acknowledge receipt of and agree to be bound by the terms and conditions of Mission Fed's Account Agreements and Disclosures, Truth-in-Savings Act Disclosure, Privacy Policy, Dividend and Consumer Fee Schedule, and all Agreements and Disclosures applicable to Credit Union products and services you utilize, plus all amendments to any disclosures, terms and agreements. Your signature also certifies that you have read and verified the Certification of Taxpayer Identification Number (W-9) above.

 Signature of Primary Member Date

For Mission Fed Use Only:
 Mission Fed Account #: _____ Date Opened: _____
 Regular Membership Account Informal Trust (Payable on Death)