

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.

Find out more at MissionFed.com/Schools

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 0.03% Annual Percentage Yield (APY) on Smart Checking as of 2/1/2021; fees could reduce earnings. New Checking Account must be opened by 12/31/2021 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. M40SG-F1-022021

NEW ACCOUNT APPLICATION

Event: _____

Employee/BD or branch: _____

Thank you for your interest in opening a Youth Savings Account for your child.
Please print and use a blue or black ink pen to complete and sign this application. All fields are required

PRIMARY MEMBER (Complete MINOR'S information here)

Last Name	First Name	Middle Initial
Social Security Number	Date of Birth	Mother's Maiden Name
Physical Street Address (No P.O. Box)	Apartment/Unit Number	City, State, Zip

Minors must provide either a Birth Certificate, Social Security Card, School ID or Government ID for identification.
Ages 16 & 17 with valid government-issued ID do not require a parent/legal guardian signer.

JOINT MEMBER (Complete PARENT/GUARDIAN'S information here)

Last Name	First Name	Middle Initial
Social Security Number	Date of Birth	Mother's Maiden Name
Physical Street Address (No P.O. box)	Apartment/Unit Number	City, State, Zip
Mailing Address (Statements will be mailed here)	Apartment/Unit Number	City, State, Zip
Home Phone Number	Cell Phone	Email Address
Employer	Occupation	Work Phone

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.

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 Internal Revenue Service 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 (Minor's Signature) _____ Date _____

Signature of Joint Member (Parent/Guardian's Signature) _____ Date _____

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For Mission Fed Use Only: MISSION FED ACCOUNT #: _____ Date Opened: _____
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