

# Mission for Nonprofits



When you open a Mission Fed Checking Account, we will reward you with \$25 and make a \$25 donation directly to the approved nonprofit organization of your choice.

**Mention Mission for Nonprofits at any of our more than 30 local branch locations.**

**Here for All San Diegans. Try Us.**

Find out more at [MissionFed.com](https://www.MissionFed.com)

858.524.2850 | 800.500.6328



Insured by NCUA

**MISSION FED**  
CREDIT UNION

Annual Percentage Yield (APY) is accurate as of 1/1/20. The new youth member must be a student at a Mission 2 \$AVE partner school. A parent or legal guardian must be joint on the account with the student. All new members on the account must be eligible for membership, and accounts are subject to the normal approval process. Minors under the age of 13 must provide either a Birth Certificate, Social Security Card, School ID or Government ID for identification. A copy of the parent's/legal guardian's identification will be required at the time of account opening. No ATM cards will be issued for these accounts. At School Banking Days, students enrolled in the program will only be allowed to make deposits into active accounts. Only students attending one of our Mission 2 \$AVE partner schools are eligible for the 5.00% APY up to \$500.00. When the account balance reaches \$500.00, the balance ranging from \$0.01 to \$500.00 will continue to earn 5.00% APY, and the balance of \$500.01 and above will earn the regular savings rate, which is 0.10% APY as of 1/1/20. Fees could reduce earnings. Any additional products or services requested, including withdrawals, will need to be made at the nearest Mission Fed Branch. Programs, rates, terms, conditions and services are subject to change without notice. BD-MFNP-F2-012020

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: _____
<input type="checkbox"/> Regular Membership Account	<input type="checkbox"/> Informal Trust (Payable on Death)