

Mission for Our Schools



Your success is our bottom line.

**EARN A \$25
REWARD AND A
\$25 DONATION
TO YOUR SCHOOL**

When you open a Mission Fed Checking Account, you will receive \$25 into your new account. Mission Fed will also make a \$25 donation directly to your school.

ALL SAN DIEGANS ARE WELCOME!

Learn more at:
MissionFed.com/Schools

Insured by NCUA



858.524.2850 | 800.500.6328 | MissionFed.com



The new member, age 18 or older, must be the primary member opening a Mission Federal Credit Union Checking Account and cannot be a signer on a Mission Fed Account within the last 12 months. The new member must meet the minimum opening deposit required for the Checking Account type by 12/31/19. Youth Account joint signers are eligible. The new member must be eligible for membership and all accounts are subject to approval. The new Checking Account must remain open a minimum of 90 days and have a minimum of five (5) eligible member-initiated transactions completed and posted to the account prior to the 91st day of account opening. Upon satisfaction of the above requirements, the \$25 will be automatically deposited to the new member's account and a check will be issued to the school by the 110th day of the new member's account opening. \$500 minimum balance required to earn .05% Annual Percentage Yield on Smart Checking as of 1/1/19. Visit MissionFed.com/Schools for Full Rules and a list of eligible transactions. No other promotional offer may be used in conjunction with this special offer. Programs, rates, terms, conditions and services are subject to change without notice.

MNG-F2-1/19

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)


Federally insured by NCUA.