

NEW MEMBERSHIP APPLICATION / Account Card

OFFICE USE ONLY

I (We) am/are applying for the following (Check all that apply):

- Membership Primary Savings Account
 New Money Market Checking Account
 New VyTeen Account
 Bravo Account
 Achieve Account
 New Regular Savings Account
 New Certificate Account
 New FLUTMA Account
 New Checking Account
 New Revocable Trust Account
 Other _____

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 for 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. **This application does not apply to Individual Retirement Arrangement (IRA) accounts.**

Member / Minor (if FLUTMA) / Grantor/Trustee (if Revocable Living Trust):

First Name, Middle Initial, Last Name, Suffix _____ SSN/TIN _____ Date of Birth _____ Mother's Maiden Name _____
 Physical Address - City, State, Zip Code - Required (No P. O. Box) _____ Valid Picture ID Number and State / Issuer _____ Expire Date: _____
 Mailing Address (only if different from Physical Address) _____ Source of Eligibility (County) _____ Issue Date: _____
 Home Phone _____ Email Address _____ Employer _____ Occupation _____ Work Phone _____

Joint Member / Custodian / Co-Trustee: Member Number: _____

First Name, Middle Initial, Last Name, Suffix _____ SSN/TIN _____ Date of Birth _____ Mother's Maiden Name _____
 Physical Address - City, State, Zip Code - Required (No P. O. Box) _____ Valid Picture ID Number and State / Issuer _____ Expire Date: _____
 Mailing Address (only if different from Physical Address) _____ Source of Eligibility (County) _____ Issue Date: _____
 Home Phone _____ Email Address _____ Employer _____ Occupation _____ Work Phone _____

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Joint Member / Custodian / Co-Trustee: Member Number: _____

First Name, Middle Initial, Last Name, Suffix _____ SSN/TIN _____ Date of Birth _____ Mother's Maiden Name _____
 Physical Address - City, State, Zip Code - Required (No P. O. Box) _____ Valid Picture ID Number and State / Issuer _____ Expire Date: _____
 Mailing Address (only if different from Physical Address) _____ Source of Eligibility (County) _____ Issue Date: _____
 Home Phone _____ Email Address _____ Employer _____ Occupation _____ Work Phone _____

Primary Member Number / Branch / SSN/TIN _____

Primary Member's Last Name _____

Membership Officer _____ Date _____

Check box if Member Number Only was created.

This form affects the following account numbers:

Account Number _____ Account Number _____
 Account Number _____ Account Number _____
 Account Number _____ Account Number _____
 Branch Number _____ Teller Number _____ Date _____

For Notary Use (If Membership Application/Account Card is not signed in the presence of a VyStar employee, a Notary must witness the signing of this document.)

STATE OF _____

County of _____

I HEREBY CERTIFY that on this _____ day of _____, 20____, before me personally appeared _____,

to me personally known, or who has provided the below described identification, to be the person described in and who executed the foregoing instrument and acknowledged the execution thereof to be their free act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal, the day and year last aforesaid.

_____ To me personally known.
 _____ Identified to me by Identification/Driver's License Number _____

issued by the State of _____

Signature of Notary Public _____



P.O. Box 45085
 Jacksonville, FL 32232-5085
 (904) 777-6000 or
 (800) 445-6289, option 9
 www.vystarcu.org

FEDERALLY INSURED BY NCUA

Revised 12/22/16 MA 1

IMPORTANT: I/We understand that this Membership Application/Account Card governs all accounts opened on the date referenced above, and new Certificate Accounts only (non-IRA) opened hereafter. By signing this Membership Application/Account Card, I/we agree that VyStar Credit Union may rely on this Membership Application/Account Card for establishing and determining account ownership and beneficiary designation for the accounts listed and for any new Certificate Accounts (only) opened hereafter. If there is a change in account ownership or beneficiary, I/we understand that a new Membership Application/Account Card, or any form as designated by VyStar Credit Union, may be required.

CERTIFICATION: I/We hereby make application for membership in the VyStar Credit Union and agree: (A) to conform to its bylaws and any amendments thereof; (B) to subscribe for at least one (1) share; (C) that the account is subject to the payment of fees adopted from time-to-time by VyStar Credit Union; and (D) (jointly and severally if more than one) that this account is and shall be governed by the terms and conditions set forth in the "Membership Booklet" described below, as may be amended from time-to-time. I further certify that I am in the VyStar Credit Union field of membership. I/We understand that VyStar Credit Union has published a booklet entitled "Membership Booklet". I/We acknowledge that VyStar's Membership Booklet, Rate Information, and Fee Schedule has been or will be furnished to me/us by VyStar Credit Union. I/we further agree that if I/we do not receive the Membership Booklet, I/we will notify VyStar Credit Union and request my/our copy. **By my/our signature below, I/we hereby authorize VyStar Credit Union to obtain all credit reports or other credit information on me/us in connection with the opening of this or any other account, obtaining a Check Card or obtaining any other loan product. If the Membership Application/Account Card is not signed in the presence of a VyStar employee, the notary section to the right of this form must be completed and signed by a notary.**

Substitute Form W-9, Certification: By signing below, under penalties of perjury I/we certify (1) that the taxpayer identification number shown on this form is my/our correct identification number; (2) that I (we) am/are not subject to backup withholding either because I/we have not been notified that I (we) am/are 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 (we) am/are no longer subject to backup withholding; and (3) that I (we) am/are a United States person or United States resident alien. If you have been notified by the IRS that you are subject to back up withholding due to payee underreporting and have not been notified by the IRS that the backup withholding is terminated, you should strike out the language in clause two of the above certification statement before you sign this application. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Not Applicable)

X

MEMBER / MINOR / GRANTOR / TRUSTEE

DATE

X

JOINT MEMBER / CUSTODIAN / CO-TRUSTEE

DATE

X

JOINT MEMBER / CUSTODIAN / CO-TRUSTEE

DATE

X

JOINT MEMBER / CUSTODIAN / CO-TRUSTEE

DATE