



Important Information — Procedures on 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 to 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. Your information is secure and will not be shared with any third parties.

MEMBERSHIP APPLICATION

I would like to apply for:

- Savings FREE Cash Rewards Checking Vehicle Loan Money Market Account
- (required for Membership)* *(with VISA® Debit Card)* Home Equity Loan Certificate Account
- Holiday Club Add-On Certificate Account
- Other _____

In this Signature Card, "I" and "My" mean each and every person who signs below and as Joint Tenant. "You" and "Your" mean Southland Credit Union. If I am not currently a Member, I hereby make application for membership in SOUTHLAND CREDIT UNION. Each applicant for membership certifies that he or she is within the Credit Union's field of membership. I agree that you may retain this Signature Card and other information you may receive. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Account (Terms and Conditions) Agreement and Truth-in-Savings Disclosure and the Electronic Funds Transfer Agreement and Disclosure, Funds Availability Disclosure and Fee Schedule (Receipt of which is/are hereby acknowledged and which are incorporated by this reference). I understand and agree that this Signature Card shall only govern the accounts set forth under the root account number established for this card (excluding IRA and Certificate Accounts) including the terms set forth on the reverse, if any. General membership provision: I authorize you to obtain and periodically (re) verify employment, credit, and checking account information as you deem appropriate from time to time. I understand that this will assist you, for example, in determining my initial and on-going eligibility for my accounts) and/or in connection with making credit opportunities available to me.

MEMBER INFORMATION

LAST NAME	FIRST NAME	M.I.
HOME ADDRESS	CITY / STATE / ZIP	MOTHER'S MAIDEN NAME
MAILING ADDRESS (if different than home address)	CITY / STATE / ZIP	MONTHLY INCOME \$
HOME PHONE #	WORK PHONE #	CELL PHONE #
DRIVER'S LICENSE # / STATE / EXPIRATION DATE	EMAIL ADDRESS	DATE OF BIRTH
EMPLOYER CITY	OCCUPATION	DATE OF HIRE
HOW ARE YOU ELIGIBLE FOR MEMBERSHIP / REFERRED BY		HOW DID YOU HEAR ABOUT SOUTHLAND

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the instructions to IRS Form W-9. For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see How to get a TIN in "Specific Instructions" Part I.

Social Security # | | | — | | | — | | | | |

or

Employer Identification # | | — | | | | | | | |

Note: If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number To Give the Requester." By signing below, you certify, under the penalties of perjury, that: 1) The number shown on this form is your correct Taxpayer Identification Number (or you are waiting for a number to be issued to you), and 2) You are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, and 3) You are a U.S. person (including a U.S. resident alien). **Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

JOINT TENANT

LAST NAME	FIRST NAME	M.I.
HOME ADDRESS	CITY / STATE / ZIP	MOTHER'S MAIDEN NAME
HOME PHONE #	WORK PHONE #	CELL PHONE #
DRIVER'S LICENSE # / STATE / EXPIRATION DATE	SOCIAL SECURITY #	DATE OF BIRTH
RELATIONSHIP TO MEMBER	EMAIL ADDRESS	MONTHLY INCOME \$

PAY-ON-DEATH PROVISION—(BENEFICIARY)

LAST NAME	FIRST NAME	M.I.
SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP
LAST NAME	FIRST NAME	M.I.
SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP

Sign Here	MEMBER'S SIGNATURE	DATE
	X	
Sign Here	JOINT TENANT'S SIGNATURE	DATE
	X	