

Date \_\_\_\_\_



### CHOOSE YOUR ACCOUNTS

Check each account or service you are requesting from BrightStar Credit Union.

<b>Membership Status</b>	<input type="checkbox"/> <b>New Membership</b>	<input type="checkbox"/> <b>New Account</b>
--------------------------	--	---

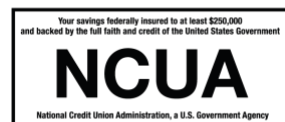
- BrightStar CU Membership (Savings) \_\_\_\_\_
- FREE Checking with e-Statements \_\_\_\_\_
- Visa Check Card /ATM Card \_\_\_\_\_
- Wish Account Term/Maturity \_\_\_\_\_
- Other \_\_\_\_\_

Do you rent or own?	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
How long have you lived at your current address?		

Additional Notes:

**954.486.BSCU (2728)**  
**Toll Free 800.637.BSCU**

Mailing Address for paper applications:  
 BrightStar Credit Union  
 P.O Box 8966  
 Fort Lauderdale, FL 33310-8966



# Membership and Account Signature Card



This Membership and Account Signature Card, and the designations of joint owners and pay-on-death beneficiaries set forth herein, governs and applies to all deposit accounts (except any IRA account) of the Primary Member identified below as of the date of the signature of the Primary Member set forth below and deposit accounts (except IRA accounts) of the Primary Owner established on or after such date. The designations set forth herein amend and supersede all prior designations.

## IMPORTANT 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 when opening a new 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.**

1 Primary Member Information				
Member Number:	Date:	Date of Birth:	SSN#:	
Name:	Driver License Number:		State:	
Name:	Occupation:			
Permanent Address:		E-mail Address:		
City:	State:	Zip:	Cell:	Work: Home:
Mailing Address:		Mother's Maiden Name:		
City:	State:	Zip:	Password:	
<b>SOURCE OF ELIGIBILITY FOR MEMBERSHIP</b> I live, work, or attend school in one of the eligible counties. List County _____ I am related to someone eligible for membership, print name, relationship _____ Other (please explain) _____				

2 Joint Owner Information				
Name:	SSN#		Date of Birth:	
Address:	Driver's License Number:		State:	
City:	State:	Zip:	Occupation:	
Home Phone:	Cell Phone:		Email Address:	
Work Phone:				

3 Joint Owner Information				
Name:	SSN#		Date of Birth:	
Address:	Driver's License Number:		State:	
City:	State:	Zip:	Occupation:	
Home Phone:	Cell Phone:		E-mail Address:	
Work Phone:				

4 Joint Owner Information				
Name:	SSN#		Date of Birth:	
Address:	Driver's License Number:		State:	
City:	State:	Zip:	Occupation:	
Home Phone:	Cell Phone:		E-mail Address:	
Work Phone:				

**PAY-ON-DEATH BENEFICIARY(IES)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Signatures**

**PLEASE READ CAREFULLY BEFORE SIGNING**

Each person who signs this Membership and Account Signature Card (a) warrants that all information set forth herein is true and correct; (b) authorizes BrightStar Credit Union ("Credit Union") and its agents to obtain and verify information related to such person and such person's deposit, employment, income and credit history, including, without limitation, consumer reports with respect to such person from consumer reporting agencies, at any time hereafter; and (c) acknowledges receipt of and agrees to be bound by the Credit Union Consumer Account Disclosures and all other agreements and disclosures provided to such person by the Credit Union, as amended by the Credit Union from time to time in the Credit Union's sole discretion.

By signing below, the Primary Member identified above makes application for membership in the Credit Union and agrees to be bound by the Credit Union's Bylaws and all terms and conditions of Credit Union membership as amended by the Credit Union from time to time in its sole discretion.

Primary Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
**X**

**Under penalty of perjury, I certify that: (1)** I am a U.S. Person (including U.S. Resident Alien). **(2)** The tax identification numbers shown above for the primary member is correct. **(3)** I am not subject to backup withholding due to failure to report interest and dividend income. **Certification Instructions:** You must strike out item 3 if you have been notified by the IRS that you are currently subject to backup withholding.

Primary Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
**X**

**Signatures**

Ownership \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Ownership \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Ownership \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Opened By