

Account Application Instructions

To open an account you **must** already be a Member, and we need the following:

- Completed and signed Account Application(s).
- Completed DFCUPerks or DFCUPerks Plus Account Addition Slip, if applicable.
- Minimum Deposit Requirement of:
 - \$1.00 for Holiday or Special Savings
 - \$5.00 for Regular Savings
 - \$20.00 for Basic Checking, DFCUPerks, or DFCUPerks Plus Account
 - \$2,500.00 for an Insured Money Market Account
- Completed and signed Account Beneficiary Designation form(s) for each account, if applicable. All account owners must sign this form when adding a beneficiary(ies).
- One of the following pieces of photo identification:
 - Driver's License
 - State Identification Card
 - Passport

Please provide the requested information on the following form(s) and return to:
DFCU Financial, PO Box 610, Dearborn MI 48121.

If you have any questions, please visit any branch location or contact us at **888.336.2700**.

Account Number



Member Number

Account Application

Member Name

IMPORTANT INFORMATION 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 may ask You 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.

Account Information

TYPE OF ACCOUNT			TYPE OF OWNERSHIP	
Select ONLY One				
<input type="checkbox"/> Checking	<input type="checkbox"/> Interest Checking Plus	<input type="checkbox"/> Certificate	<input type="checkbox"/> Single	<input type="checkbox"/> Joint
<input type="checkbox"/> Insured Money Market	<input type="checkbox"/> Premier Money Market	<input type="checkbox"/> Reserve Money Market		
<input type="checkbox"/> Savings	<input type="checkbox"/> Special	<input type="checkbox"/> Holiday	<input type="checkbox"/> Tenancy by the Entirety	

Joint Owner Information

First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date

Draw Account Authorization

You hereby authorize Us to transfer funds from Your loan and/or other deposit Account(s) identified below. Your overdrafts will be covered by transferring funds from Your loan and/or other deposit Account(s) identified below and in the order specified. If no priority is noted, transfers will be made from Your line of credit up to Your available credit limit, or from Your Savings Account, provided You have enough available funds. You further agree to pay any fees associated with such transfer and hold Us harmless from any and all liability which might otherwise exist if a transfer does not occur.

You elect not to participate in this service.

Priority	Source Account Type	Source Account Number
1		
2		
3		
4		

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Account Number



Member Number

Account Beneficiary Designation

Member Name

<p>Type of Account</p> <p>Select ONLY One</p> <p> <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Insured Money Market <input type="checkbox"/> Certificate <input type="checkbox"/> Special <input type="checkbox"/> Holiday </p>
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Joint Member Information

Full Name _____

Member Number _____

Full Name _____

Member Number _____

Full Name _____

Member Number _____

Full Name _____

Member Number _____

Request Type – Select only one option below and complete the section, if applicable.

Add/modify beneficiary information

Beneficiary Full Name (1) _____

Relationship _____

Social Security Number _____

Birthdate _____

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Beneficiary Full Name (2) _____

Relationship _____

Social Security Number _____

Birthdate _____

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Beneficiary Full Name (3) _____

Relationship _____

Social Security Number _____

Birthdate _____

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Beneficiary Full Name (4) _____

Relationship _____

Social Security Number _____

Birthdate _____

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Add non-person entity beneficiary (e.g. a charity)

Name of Non-Person Entity (1) _____

Contact Person _____

Phone Number _____

Address _____

City _____

State _____

Zip Code _____

Name of Non-Person Entity (2) _____

Contact Person _____

Phone Number _____

Address _____

City _____

State _____

Zip Code _____

I (We) elect not to designate a beneficiary(ies). I (We) revoke all prior beneficiary designations in respect to this account.

Signature(s)

By signing below, You designate the individual(s) or entity named above as the primary beneficiary(ies) of this Account. The designated beneficiaries own equal share percentages in the Account. If any primary beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. You may change the beneficiary(ies) identified on this designation form only with the written consent of all owners to the Account.

This form supersedes, takes precedence over and replaces any such form that preceded it.

_____	_____	_____
Member's Signature	Printed Name	Date
_____	_____	_____
Joint Member's Signature	Printed Name	Date
_____	_____	_____
Joint Member's Signature	Printed Name	Date
_____	_____	_____
Joint Member's Signature	Printed Name	Date
_____	_____	_____
Joint Member's Signature	Printed Name	Date