



Membership and Service Application

Check service requested: OPEN NEW ACCOUNT(S)
 CHANGE EXISTING ACCOUNT(S)

This form will supersede any others on file.

Member Number _____

1 PRIMARY MEMBER INFORMATION

Last Name _____ First _____ Initial _____ Date of Birth _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Permanent Address (If different) _____
 City _____ State _____ Zip _____
 SSN _____ Drivers License# _____ State _____
 Home Phone _____ Work Phone _____
 E-mail Address _____ Mother's Maiden Name _____
 Employer _____ Are you a U.S. Citizen? Yes No
 Dept/Location _____ How did you hear about us? _____

2 SOURCE OF ELIGIBILITY FOR MEMBERSHIP

- I live I work in: Broward County Palm Beach County
- I am related to someone eligible for membership. Print Name, Relationship _____
- Organization within Broward County or Palm Beach Beach County
- Other (please explain) _____

3 JOINT OWNER(S) - Optional

Joint Owner Last Name _____ First _____ Initial _____ State _____
 SSN _____ DOB _____ Drivers License# _____
 Joint Owner Last Name _____ First _____ Initial _____ State _____
 SSN _____ DOB _____ Drivers License# _____

4 CHOOSE YOUR ACCOUNTS

Check each account or service you are requesting from BrightStar Credit Union. Please indicate if account is to be held individually (by you alone) or in joint tenancy (with the above named joint owner(s), if any).

	Individual Account	Joint Account	Name(s), if joint account.	Suffix (BSCU Use)
<input type="checkbox"/> BrightStar CU Membership (Savings)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Checking Account Type _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Visa Check Card / ATM Card _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Free Online Banking / Call24*	<input type="checkbox"/>			
<input type="checkbox"/> Wish Account Term/Maturity _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Money Market Account _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> CD Term/Maturity _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Online Banking Transfer Setup (Optional) I would like to transfer funds with Call24 and BrightStar CU Online Banking to another member account. I authorize BrightStar CU to honor and process transactions to the following member number(s). **INITIAL HERE**

Name _____ Member # _____ Account Type _____
 Name _____ Member # _____ Account Type _____

*A password will be assigned to you when we process your application.

Continued on next page



**5 BENEFICIARY - DESIGNATION OF PAY ON DEATH (POD) BENEFICIARY (INDIVIDUAL ACCOUNTS)
OR PAY ON DEATH (POD) PAYEES (JOINT ACCOUNTS)**

If I have requested an individual account(s), then the party(s) listed below will be considered my Pay on Death (POD) beneficiary(s) and if they survive me they will receive any unencumbered amounts in my Credit Union account(s) after my death. If I have requested a joint account with another party, then the party(s) listed below will be considered my Pay on Death (POD) payee(s). Upon the death of the last surviving account owner, the unencumbered funds shall be paid out equally to the surviving POD payees.

Last Name _____ First _____ Initial _____ SSN _____

Mailing Address _____

City _____ State _____ Zip _____

Last Name _____ First _____ Initial _____ SSN _____

Mailing Address _____

City _____ State _____ Zip _____

6 BACKUP WITHHOLDING INFORMATION

TAXPAYER IDENTIFICATION NUMBER (TIN); Under penalties of perjury, I certify (1) that the Taxpayer Identification Number (TIN) shown on this form is my correct TIN and (2) that I am not subject to backup withholding (unless I have stated below that I am subject to backup withholding) either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the internal Revenue Service has notified me that I am no longer subject to backup withholding.

- I am subject to backup withholding I am NOT a United States citizen or U.S. Person, including a U.S. resident alien
(complete a W-8 Certificate of Foreign Status.)

7 SIGNATURES

X _____
SIGNATURE OF PRIMARY OWNER DATE

X _____
SIGNATURE OF JOINT OWNER DATE

_____ **Print Joint Owners Name**

X _____
SIGNATURE OF JOINT OWNER DATE

_____ **Print Joint Owners Name**

PLEASE READ CAREFULLY BEFORE SIGNING:

If Primary Member: By affixing my signature hereunder, I hereby make application for membership in BrightStar Credit Union and agree to be bound by all of its terms and conditions of membership, including, but not limited to, those contained in the separate BrightStar CU disclosure, and any amendments thereto, or those contained in any Member Agreement and Disclosure provided to me at any time are fully incorporated herein. Members must have a valid social security number or tax identification number.

If Joint Owner: By affixing my signature hereunder, I agree to conform to the terms and conditions of joint ownership of BrightStar CU and understand that the designation of joint owner on an account does not constitute membership in BrightStar CU. (Joint owners must be 18 years of age or older and have their own social security number or tax identification number). By signing, the joint owner agrees to promptly notify the Credit Union of the death of the primary member.

I/we hereby certify that the information on this Member Application is true and correct, BrightStar CU is authorized to make whatever inquiries it deems necessary of others concerning the information I/we have provided to the Credit Union on this application, including, but not limited to, obtaining investigative consumer reports from consumer reporting agencies regarding my/our character, personal characteristics, and general reputation, as authorized by applicable law, and to provide information arising out of my/our transactions with BrightStar CU to credit reporting agencies.

I/we understand and agree that if I/we owe the Credit Union any money now or in the future, the Credit Union shall have the right to setoff against any of my/our accounts with the Credit Union, and to apply such funds to satisfy all liabilities (as defined hereinafter) of mine/ours or any other joint owner regardless of whom deposited the funds, and regardless of the source of such funds. "Liabilities" means and includes all indebtedness and obligations of any account owner for borrowed money, service charges, fees, or a judgment debt. I/we understand that this account is established and operates subject to applicable Federal and State laws.

I/we have read the application agreements and membership application disclosure statements above and agree to be bound to the terms and conditions and any amendments of those agreements and disclosures. I/we certify that the information given on this application is complete and true and submitted for the purpose of obtaining credit and Credit Union membership. I/we agree that any dispute relating to this account will be resolved in accordance with the arbitration provisions contained in the separate BrightStar CU terms and conditions disclosure.

Minor Accounts Only: If any owner of any Account or sub-account is a minor, all owners understand and agree that such minor owner may transact any business (including, without limitation, inquiries, transfers, withdrawals, and deposits) on such Account or sub-account without the consent or knowledge of any other owner(s) of such Account or sub-account using any method or access device issued by BrightStar CU to such minor owner.

RETURN TO BrightStar Credit Union

BrightStar CU, PO Box 8966, Ft. Lauderdale, FL 33310-8966, along with a copy of each signer's drivers license or other valid identification. Federal law requires us to obtain, verify and record information that identifies each person who opens an account. Questions? Call (954)486-2728.

BrightStar Use Only ChexSystemsSM Yes No Member Number Issued: _____

Comments: _____

Approved by _____ Staff number and signature _____

Disclosures: Mailed Delivered Initials _____ Date _____ Referring Employee _____