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:
 - o \$1.00 for Holiday or Special Savings
 - o \$5.00 for Regular Savings
 - o \$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:
 - o Driver's License
 - State Identification Card
 - o 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

TYPE OF OWNERSHIP

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.

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Λ	\sim	unt	Into	rmation
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TYPE OF ACCOUNT

Select ONLY One

☐ Ch	ecking	☐ Interest Checking Plus	☐ Certificate		☐ Single ☐ Joint	
☐ Ins	ured Money Market	☐ Premier Money Market	☐ Reserve Money Mark	cet		
☐ Sa	vings	☐ Special	☐ Holiday		☐ Tenancy by the Entirety	
10:04	Own or Info					
	Owner Info					I pour pour
First Nam	е	Last Name		Mem	ber Number	Birth Date
First Name	<u> </u>	Last Name		Mem	ember Number Birth Date	
First Nam	е	Last Name		Mem	ber Number	Birth Date
First Nam	е	Last Name		Mem	ber Number	Birth Date
D	A A	41!4!				
		uthorization				
					ntified below. Your overdrafts will be co If no priority is noted, transfers will b	
cred	dit up to Your available	e credit limit, or from Your Sav	rings Account, provided You	u hav	e enough available funds. You furth	er agree to pay any fees
ass	ociated with such trans	sfer and hold Us harmless from	n any and all liability which i	might	t otherwise exist if a transfer does no	t occur.
☐ You	elect not to participate	e in this service.				
Priority		Source Account Type			Source Account Number	
1						
				-		
2						
3						
4						

102ACCTAPPFILL

Signature(s)

By signing below, You agree to be bound by the terms and conditions found within the Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint member/owner(s) to Your Account(s). Your signature below is Your continuing authorization for DFCU Financial to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts. If the Account being established or changed pursuant to this application is a Joint Account, it is held jointly by all Account owners signing below. 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 Printed Name Joint Member's Signature Date Joint Member's Signature **Printed Name** Date Printed Name Joint Member's Signature Date

	FOR CREDIT UNION U	SE ONLY
DATE	BRANCH	EMPLOYEE

Account Number



Member Number

1467ACTBENEDESGFILL

Member Name

Account Beneficiary Designation

	Туре	of Accou	ınt		
	Selec	ct ONLY One			
☐ Savings ☐ Check	ing 🔲 Insured Mon	ey Market	☐ Certificate	Speci	al 🔲 Holiday
Joint Member Information					
Full Name		Mem	ber Number		
Full Name		Mem	ber Number		
Full Name		Mem	ber Number		
Full Name		Mem	ber Number		
Request Type – Select only one opti	ion below and comp	lete the se	ection, if applic	able.	
☐ Add/modify beneficiary inform			7 11		
Beneficiary Full Name (1)	Relationship		Social Security Numbe	r	Birthdate
Address	City		State Z	p Code	Phone Number
Beneficiary Full Name (2)	Relationship		Social Security Numbe	r	Birthdate
Address	City		State Z	p Code	Phone Number
Beneficiary Full Name (3)	Relationship		Social Security Numbe	r	Birthdate
Address	City		State Z	p Code	Phone Number
Beneficiary Full Name (4)	Relationship		Social Security Numbe	r	Birthdate
Address	City		State Z	p Code	Phone Number
Add non-person entity benefic	ciary (e.g. a char	ity)			
Name of Non-Person Entity (1)	Contact Perso	nn .		Ph	one Number
-		,,,,			
Address	City		State		o Code
Name of Non-Person Entity (2)	Contact Perso	on		Pho	one 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.

Date	Printed Name	Member's Signature
Date	Printed Name	Joint Member's Signature
Date	Printed Name	Joint Member's Signature
Date	Printed Name	Joint Member's Signature
Date	Printed Name	Ioint Mombor's Signature