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MEMBERSHIP AND ACCOUNT APPLICATION

If completing by hand, please use black ink only.

1) MEMBERSHIP [ ] EXISTING MEMBER (Skip this section.) [ ] NEW MEMBER Select how you qualify for membership:

[ ] All applicants agree to AdelFi's statement of faith and are members, attend, or are an alumnus of a Christian church, school or organization, and will be made members. (AdelFi's statement of faith is located in section 5 on page 2 of this application)

[ ] I am related to a current AdelFi member NAME (FIRST AND LAST) DATE OF BIRTH (MM/DD/YYYY) RELATIONSHIP TO MEMBER

2) PRIMARY APPLICANT (MEMBER) [ ] U.S. PERSON / RESIDENT ALIEN [ ] NON-RESIDENT ALIEN [ ] I AM A MISSIONARY

NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH (MM/DD/YYYY) MOTHER'S MAIDEN NAME

SOCIAL SECURITY NUMBER OR ITIN EMPLOYER OCCUPATION OR FORMER OCCUPATION

VALID ID [ ] U.S. DRIVER'S LICENSE [ ] U.S. PASSPORT [ ] U.S. GOVERNMENT ISSUED DOCUMENT W/PHOTO [ ] U.S. BIRTH CERTIFICATE (MINORS)

ID NUMBER ISSUING STATE / COUNTRY ISSUE DATE EXPIRATION DATE

PERMANENT RESIDENT ADDRESS (CANNOT BE A P.O. BOX)

CITY STATE / PROVINCE ZIP / POSTAL CODE COUNTRY

MAILING ADDRESS (IF DIFFERENT)

CITY STATE / PROVINCE ZIP / POSTAL CODE COUNTRY

[ ] CELL [ ] HOME

PHONE NUMBER WORK PHONE NUMBER EMAIL ADDRESS

3) JOINT APPLICANT [ ] U.S. PERSON / RESIDENT ALIEN [ ] NON-RESIDENT ALIEN RELATIONSHIP TO PRIMARY APPLICANT

NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH (MM/DD/YYYY) MOTHER'S MAIDEN NAME

SOCIAL SECURITY NUMBER OR ITIN EMPLOYER OCCUPATION OR FORMER OCCUPATION

VALID ID [ ] U.S. DRIVER'S LICENSE [ ] U.S. PASSPORT [ ] U.S. GOVERNMENT ISSUED DOCUMENT W/PHOTO [ ] U.S. BIRTH CERTIFICATE (MINORS)

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CITY STATE / PROVINCE ZIP / POSTAL CODE COUNTRY

[ ] CELL [ ] HOME

PHONE NUMBER WORK PHONE NUMBER EMAIL ADDRESS

ADDITIONAL JOINT APPLICANT (1) [ ] U.S. PERSON / RESIDENT ALIEN [ ] NON-RESIDENT ALIEN RELATIONSHIP TO PRIMARY APPLICANT

NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH (MM/DD/YYYY) MOTHER'S MAIDEN NAME

SOCIAL SECURITY NUMBER OR ITIN EMPLOYER OCCUPATION OR FORMER OCCUPATION

VALID ID [ ] U.S. DRIVER'S LICENSE [ ] U.S. PASSPORT [ ] U.S. GOVERNMENT ISSUED DOCUMENT W/PHOTO [ ] U.S. BIRTH CERTIFICATE (MINORS)

ID NUMBER ISSUING STATE / COUNTRY ISSUE DATE EXPIRATION DATE

PERMANENT RESIDENT ADDRESS (CANNOT BE A P.O. BOX)

CITY STATE / PROVINCE ZIP / POSTAL CODE COUNTRY

[ ] CELL [ ] HOME

PHONE NUMBER WORK PHONE NUMBER EMAIL ADDRESS

**ADDITIONAL JOINT APPLICANT (2)**  U.S. PERSON / RESIDENT ALIEN  NON-RESIDENT ALIEN RELATIONSHIP TO PRIMARY APPLICANT \_\_\_\_\_

NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH (MM/DD/YYYY)	MOTHER'S MAIDEN NAME
SOCIAL SECURITY NUMBER <sup>1</sup> OR ITIN		EMPLOYER	OCCUPATION OR FORMER OCCUPATION
VALID ID <input type="checkbox"/> U.S. DRIVER'S LICENSE <input type="checkbox"/> U.S. PASSPORT <input type="checkbox"/> U.S. GOVERNMENT ISSUED DOCUMENT W/PHOTO <input type="checkbox"/> U.S. BIRTH CERTIFICATE (MINORS)			
ID NUMBER	ISSUING STATE / COUNTRY	ISSUE DATE	EXPIRATION DATE
PERMANENT RESIDENT ADDRESS (CANNOT BE A P.O. BOX)			
CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
PHONE NUMBER <input type="checkbox"/> CELL <input type="checkbox"/> HOME			
PHONE NUMBER	WORK PHONE NUMBER	EMAIL ADDRESS	

**ADDITIONAL JOINT APPLICANT (3)**  U.S. PERSON / RESIDENT ALIEN  NON-RESIDENT ALIEN RELATIONSHIP TO PRIMARY APPLICANT \_\_\_\_\_

NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH (MM/DD/YYYY)	MOTHER'S MAIDEN NAME
SOCIAL SECURITY NUMBER <sup>1</sup> OR ITIN		EMPLOYER	OCCUPATION OR FORMER OCCUPATION
VALID ID <input type="checkbox"/> U.S. DRIVER'S LICENSE <input type="checkbox"/> U.S. PASSPORT <input type="checkbox"/> U.S. GOVERNMENT ISSUED DOCUMENT W/PHOTO <input type="checkbox"/> U.S. BIRTH CERTIFICATE (MINORS)			
ID NUMBER	ISSUING STATE / COUNTRY	ISSUE DATE	EXPIRATION DATE
PERMANENT RESIDENT ADDRESS (CANNOT BE A P.O. BOX)			
CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
PHONE NUMBER <input type="checkbox"/> CELL <input type="checkbox"/> HOME			
PHONE NUMBER	WORK PHONE NUMBER	EMAIL ADDRESS	

**4) ACCOUNTS AND SERVICES** PROMO CODE<sup>2</sup> \_\_\_\_\_ REFERRAL ID<sup>2</sup> \_\_\_\_\_ PARTNER ORGANIZATION \_\_\_\_\_

WOULD YOU LIKE TO BE ENROLLED IN ONLINE BANKING? (U.S. TIN REQUIRED)  PRIMARY APPLICANT  JOINT APPLICANT  
 ADD. JOINT APPLICANT(1)  ADD. JOINT APPLICANT(2)  ADD. JOINT APPLICANT(3)

<input type="checkbox"/> CHECKING	<input type="checkbox"/> VISA GOLD CHECK CARD <sup>3</sup>	<input type="checkbox"/> PRIMARY APPLICANT <input type="checkbox"/> JOINT APPLICANT <input type="checkbox"/> ADD. JOINT APPLICANT(1) <input type="checkbox"/> ADD. JOINT APPLICANT(2) <input type="checkbox"/> ADD. JOINT APPLICANT(3)
<input type="checkbox"/> INTEREST CHECKING DEPOSIT AMOUNT(S) _____	<input type="checkbox"/> OVERDRAFT PROTECTION	<input type="checkbox"/> ADD. JOINT APPLICANT(1) <input type="checkbox"/> ADD. JOINT APPLICANT(2) <input type="checkbox"/> ADD. JOINT APPLICANT(3)
<input type="checkbox"/> SAVINGS DEPOSIT AMOUNT(S) _____	<input type="checkbox"/> MONEY MARKET SAVINGS DEPOSIT AMOUNT(S) _____	<input type="checkbox"/> OVERDRAFT PROTECTION
<input type="checkbox"/> CERTIFICATE TERM (IN MONTHS) _____ DEPOSIT AMOUNT(S) _____	<input type="checkbox"/> VISA GOLD CHECK CARD <sup>3</sup>	<input type="checkbox"/> PRIMARY APPLICANT <input type="checkbox"/> JOINT APPLICANT <input type="checkbox"/> ADD. JOINT APPLICANT(1) <input type="checkbox"/> ADD. JOINT APPLICANT(2) <input type="checkbox"/> ADD. JOINT APPLICANT(3)
<input type="checkbox"/> SEND MY CHECK CARD(S) TO THIS ADDRESS: _____		
(IF THIS BOX IS NOT CHECKED, YOUR CARD(S) WILL BE SENT TO THE PRIMARY MAILING ADDRESS OF THE PRIMARY APPLICANT. REPLACEMENT CARDS WILL ALSO BE SENT TO THE PRIMARY MAILING ADDRESS.)		

**5) STATEMENT OF FAITH**

AdelFi has a statement of faith because agreement with these beliefs is a primary requirement to qualify for AdelFi membership. Here is what we believe:

The Bible, consisting of all the books of the Old and New Testaments, is the inspired, only infallible, authoritative **Word of God**. The Scriptures of the Old and New Testaments are without error or misstatement in their moral and spiritual teaching and record of historical facts. They are without error or defect of any kind.

There is **one God**, eternally existent in three persons: Father, Son, and Holy Spirit.

We believe in the deity of our Lord **Jesus Christ**, in his virgin birth, his eternal, personal pre-existence, his sinless life, his miracles, his vicarious and atoning death through his shed blood, his bodily resurrection, his ascension to the right hand of the Father, and his personal return in power and glory.

For the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential.

The present ministry of the **Holy Spirit** is to indwell and enable the Christian to live a godly life.

**Resurrection** is of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.

We believe in the **spiritual unity** of believers in our Lord Jesus Christ.

**6) APPLICATION AGREEMENT**

By consenting to this agreement, I agree to the terms and conditions which AdelFi has adopted for each account and service established by me as stated in the AdelFi Account Agreement and Disclosures. I understand that a copy of AdelFi's Account Agreement and Disclosures will be delivered to the Primary Applicant after my account is approved. I certify that the information furnished is complete and correct. AdelFi may verify any of this information. In the event that this application is made with a Joint Applicant(s), we understand that the use of the singular pronoun "I" applies to both Primary Applicant and Joint Applicant(s). I understand that from time to time, AdelFi may receive information from others, and AdelFi will answer questions from others seeking the credit history of my account(s). I further understand that the original or a copy of this application will be retained by AdelFi even if service is not granted.

**Notice to Primary Applicant (Member).** I hereby apply for AdelFi membership with this application and certify that I agree with AdelFi's Statement of Faith and qualify for membership based on the relationship/ affiliation indicated. I also understand that to continue my AdelFi membership, I must maintain at least one of the relationships established under this agreement or separately establish another financial relationship (such as a savings, money market, or checking account) with the credit union should I discontinue the relationship established under this agreement. I understand that, although my ability to join the credit union may be based on my place of employment, continued membership and access to credit union services are not employment benefits and may be provided or withheld based on credit union policies.

**Membership Fee.** I understand that AdelFi will pay the credit union's non-refundable membership fee of \$5 once my application is approved.

**Important Information for New Accounts.** 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, AdelFi will ask for your name, address, date of birth, and other information that will allow us to identify you.

**Taxpayer Information.** I understand that AdelFi will report interest/dividends on all accounts to Federal and State Governments under the Social Security number of the Primary Applicant.

**Sending Agency Authorization (if applicable).** I understand that my sending agency and its successors may from time to time receive information regarding my account(s). I authorize my sending agency at its discretion to transfer funds into my account(s). This authorization will remain in effect until I notify AdelFi in writing of its termination.

**Certification of U.S. Person.** Under penalties of perjury, I, the Applicant, certify that: 1) The number shown on this application is my correct Taxpayer Identification number and both my name and number are the same as on file with the Social Security Administration. 2) I am not subject to backup withholding either because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, as a result of a failure to report all interest or dividends, or c) The IRS has notified me that I am no longer subject to backup withholding. 3) I am a U.S. Person (including a U.S. Resident Alien), and 4) I am exempt from FATCA reporting.

**Important certification instructions: If you are unable to certify that you are not subject to backup withholding, you must line out item (2) in the Certification above. If you are subject to FATCA, cross out item (4) and complete a W-9<sup>4</sup>.**

**Certificate of Foreign Status.** For income tax purposes, any individual who is not a U.S. Person or resident of the United States is a "Non-Resident Alien." A Resident Alien is an individual who meets either the "green card" test or "substantial presence" test. The green card test is simply whether the individual is a lawful permanent resident of the United States at any time during the calendar year. To meet the substantial presence test, the individual must be physically present in the United States at least 31 days during the current year and 183 days during the three-year period that includes the current year and two years immediately before that. If the individual cannot meet either test, s/he would be considered a Non-Resident Alien. Certification of Non-Resident Alien. Under penalties of perjury, I, the Applicant, declare that I have examined the information on this application and, to the best of my knowledge and belief, it is true, correct, and complete. I further certify under penalties of perjury that: 1) I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this application relates, 2) The beneficial owner is not a U.S. Person, 3) The income to which this application relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, and 4) For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person.

Furthermore, I authorize this application to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect. By signing below, I hereby apply for the account(s) and/or membership (as applicable), and I acknowledge that I have read and agree to the "Application Agreement" and all certifications within this agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding, OR to establish your status as a foreign person and, if applicable, obtain a reduced rate of withholding.**

**7) SIGNATURES** (E-SIGN ONLY ACCEPTED THROUGH DOCUSIGN INITIATED BY ADELFI)

PASTOR  MR.  X  
 MRS.  MS. \_\_\_\_\_  
 PRIMARY APPLICANT (MEMBER'S) SIGNATURE DATE

PASTOR  MR.  X  
 MRS.  MS. \_\_\_\_\_  
 JOINT APPLICANT SIGNATURE DATE

PASTOR  MR.  X  
 MRS.  MS. \_\_\_\_\_  
 ADDITIONAL JOINT APPLICANT (1) SIGNATURE DATE

PASTOR  MR.  X  
 MRS.  MS. \_\_\_\_\_  
 ADDITIONAL JOINT APPLICANT (2) SIGNATURE DATE

PASTOR  MR.  X  
 MRS.  MS. \_\_\_\_\_  
 ADDITIONAL JOINT APPLICANT (3) SIGNATURE DATE

<sup>1</sup>AdelFi will report interest/dividends on all accounts to Federal and State Governments under the Social Security Number of the Primary Applicant.  
<sup>2</sup>This number is required if you are participating in AdelFi's promotional/referral programs  
<sup>3</sup>Must be 18 years or older. For fees and disclosures, refer to AdelFi's Personal Account Agreement and Disclosures and Account Information and Fee Schedule.  
<sup>4</sup>See <http://www.irs.gov/pub/irs-pdf/fw9.pdf>