

**State Farm Federal Credit Union
MEMBER ACCOUNT WORKSHEET**

Check One: New Account Sub Account (S2, S2.1, etc.) Change _____

- Complete the Member Account Worksheet and submit it to the Credit Union.
- Identification is required prior to account opening. Acceptable forms of identification include: an unexpired driver's license, state id, or passport. If you are not opening your account in person, additional identification will be required prior to account opening such as: State Farm photo id or other employer id (joint owner), utility bill, credit card bill, insurance card, birth certificate.
- You may sign up for payroll deductions by completing the Payroll Deduction/Authorization Form.
- If you are not opening your account in person, an Account Card, Membership and Services Application will be sent to you for your signature.
- Call a local Credit Union Specialist with any questions about account ownership.

PRIMARY MEMBER INFORMATION – Required

Member Number: _____

Name: _____
Social Security or Tax ID Number: _____ Gender: M / F
Residential Address: _____
City/State/Zip: _____
Mailing Address: _____
City/State/Zip: _____
Work Phone: _____ Home Phone: _____ Cell: _____
Email Address: _____ Date of Birth: _____
Drivers License or Other Gov't ID #: _____ State of Issue: _____
Date of Issue: _____ Expiration Date: _____
Membership Eligibility: (circle one) *Agent Employee Retiree Spouse Dependent*
Dept./Work Location/Agent Code: _____ Hire/Seniority Date: _____
Occupation (non State Farm Associate Only): _____
What type of activity is expected on the account (check one)? Reg Savings: Wire Transfers:
ACH transactions: Other (provide explanation): _____
Password: (optional if you wish to establish for verbal verification when you call) _____

JOINT OWNER INFORMATION

Name: _____
Social Security or Tax ID Number: _____
Street Address: _____
City/State/Zip: _____
Work Phone: _____ Home Phone: _____ Cell: _____
Email Address: _____ Date of Birth: _____
Drivers License or Other Gov't ID #: _____ State of Issue: _____
Date of Issue: _____ Expiration Date: _____
Membership Eligibility: (circle one) *Agent Employee Retiree Spouse Dependent None*
Dept./Work Location/Agent Code: _____ Hire/Seniority Date: _____
Occupation (non State Farm Associate Only): _____
BENEFICIARY (Beneficiary cannot be a joint owner)

Name: _____ Relationship: _____
Address: _____
Social Security Number: _____ Date of Birth: _____

Name: _____ Relationship: _____
Address: _____
Social Security Number: _____ Date of Birth: _____

Bring, mail or fax form to your local State Farm Federal Credit Union office. Please include the necessary information required for identity verification.