Whether you are a new or existing member, the following All-In-One Application allows you to apply for both membership and other services. Please submit a copy of your driver's license and company I.D. with this completed Application.

GENERAL REQUIRED INFORMATION

Applicant's Name (Print Last, First, Middle Initial)	Account # (if available)
Street Address	Apt. #
City	State Zip
Home Phone ( )	Cell Phone ( )
Social Security Number	E-mail Address
Date of Birth	Mother's Maiden Name
Applicant's Driver's License Number	State Issued
Employer	Business Phone ( )

If a joint account is desired, please complete this section for the Co-Applicant.

CO-APPLICANT

Co-Applicant's Name (Print Last, First, Middle Initial)	
Street Address	Apt. #
City	State Zip
Home Phone ( )	Cell Phone ( )
Business Phone ( )	Employer
Social Security Number	E-mail Address
Relationship to Applicant	Mother's Maiden Name
Co-Applicant's Driver's License Number	Date of Birth

SIGNATURE(S)

I (we) hereby apply for Credit Union membership and/or for the products and services outlined in this Application or any subsequent application via Internet, phone, fax or in writing and agree to the Bylaws and any amendments thereof of United Police Federal Credit Union including applicable service charges & TERMS AND AGREEMENTS, which may be amended at anytime. In compliance with the USA Patriot Act, I certify that the information provided in this Application is true & correct and authorization is hereby granted for the Credit Union to determine accuracy, verify identity and establish membership eligibility.

Applicant (member) X	Date
Co-Applicant X	Date

UNITED POLICE FEDERAL CREDIT UNION
"Member Value at Its Best"

MAILING ADDRESS
P.O. Box 012439
Miami, FL 33101-2439

MAIN OFFICE
400 N.W. 2nd Ave., Suite 309
Miami, FL 33128-1786

Phone: 305-329-1400
Toll Free: 1-800-609-3277

MIAMI BEACH BRANCH
1100 Washington Ave., #110
Miami Beach, FL 33139

www.unitedpolicefcu.com

EQUAL HOUSING LENDER

Your savings federally insured to at least $250,000 and backed by the full faith and credit of the United States Government
NCUA
National Credit Union Administration, a U.S. Government Agency

Rev. 6/09-1.5M

ALL-IN-ONE APPLICATION

All-In-One Application

UNITED POLICE FEDERAL CREDIT UNION
"Member Value at Its Best"

BENEFICIARY

Name(s) of Beneficiary

Beneficiary Address

SELECT SERVICES DESIRED

Please check the following boxes for the services you desire. Note: A Regular Savings Account is required to obtain membership and credit union services. When completed, please submit a copy of your driver's license and company I.D. with this Application and mail to United Police Federal Credit Union.

SAVINGS ACCOUNTS (REQUIRED FOR MEMBERSHIP)

❏ Please open a Savings Account **(A Savings Account is required to obtain membership at United Police Federal Credit Union.)**

SELECT ONE: ❏ Individual Account ❏ Joint Account

❏ Enclosed is my initial Savings Account deposit of $_____. You may mail in or visit any office location to make additional deposits or have additional funds electronically deposited into your Savings Account. Call the Credit Union to obtain the direct deposit instructions to give to your Payroll Department.

❏ If you are not a law enforcement employee in Miami Dade County but are related to a member of United Police Federal Credit Union, you are eligible to join by completing the information below. Be sure to enclose an initial deposit of $5.00, a copy of your driver's license (birth certificate if you are a minor) and a copy of the driver's license of your family member who already has an account with United Police Federal Credit Union.

Family Member Name	Member Number	Relationship

CHECKING ACCOUNTS

❏ I wish to open a Checking Account.
❏ Enclosed is my initial deposit of $ _____
If you would like to have your paycheck electronically deposited into your Checking Account, call the Credit Union to obtain the direct deposit instructions to give to your Payroll Department.

1. SELECT ONE: ❏ Individual Account ❏ Joint Account

2. SELECT ACCOUNT TYPE:
   a. ❏ Open new "Freedom" Checking Account (A free Checking Account with no minimum balance required.)
   b. ❏ Open new "Managed Fund" Checking Account (Earns interest, $5,000 minimum opening deposit must be enclosed and maintained.)
   c. Change my existing Credit Union Checking Account to:
      ❏ Freedom Checking
      ❏ Managed Fund Checking (There must be a minimum of $5,000 in your Checking Account to choose this option.)

3. SPECIFY: What information you want printed on your checks in addition to your name:
   a. The name of the Co-Applicant: ❏ YES ❏ NO
   b. My home address: ❏ YES ❏ NO
   c. My home phone number: ❏ YES ❏ NO

VACATION & HOLIDAY CLUB ACCOUNT

❏ Open a Vacation Club Account ❏ Open a Holiday Club Account

❏ Enclosed is my initial deposit of $_____. Please deposit $_____ into Vacation Club and/or $_____ into Holiday Club.
❏ Please transfer $ _____ from my Credit Union ❏ Savings or ❏ Checking Account on the _____ day of each month to be deposited into my Club Account.

ATM CARD

1. NEW CREDIT UNION MEMBERS:
❏ I wish to apply for an ATM card.
❏ Please also send the Co-Applicant an ATM Card

2. EXISTING CREDIT UNION MEMBERS:
❏ Please send an ATM Card for the Member (Applicant).
❏ Please send an ATM Card for the Co-Applicant.
❏ Please send a PIN number.

VISA CHECK CARD

❏ I wish to apply for a VISA Check Card.
(A Credit Union Checking Account is required to obtain a VISA Check Card.)

❏ The Co-Applicant wishes to apply for a VISA Check Card.

MANAGED FUND ACCOUNTS

❏ Please open a Managed Fund Account in the amount of $ _____
(the minimum balance to open is $5,000).

1. SELECT ONE: ❏ Individual Account ❏ Joint Account
   Enclosed you will find my check in the amount of $ _____
   and/or transfer $_____ from my Credit Union Account Number
   _____

2. SELECT ACCOUNT TYPE
   ❏ Open new Managed Fund Checking Account
   ❏ Open new Managed Fund Savings Account.
   ❏ Change my existing Credit Union Checking Account to Managed Fund Checking.

3. FOR MANAGED FUND CHECKING ACCOUNTS ONLY:
   Specify what information you want printed on your checks in addition to your name:
   1. The name of the Co-Applicant: ❏ Yes ❏ No
   2. My home address: ❏ Yes ❏ No
   3. My home phone number: ❏ Yes ❏ No
   4. If you would like to have additional funds deposited into your Managed Fund Account, call the Credit Union to obtain direct deposit instructions to give to your payroll department, Social Security office, pension fund administrator, etc.

CREDIT CARD APPLICATION

❏ NEW ACCOUNT REQUEST ❏ Platinum MasterCard or ❏ Secured MasterCard
❏ Individual Application or ❏ Joint Application
❏ EXISTING ACCOUNT CHANGE REQUEST
Please make the following changes to my account:
Platinum MasterCard # 5149- _ _ _ _ - _ _ _ _ - _ _ _ _
Classic MasterCard #5492- _ _ _ _ - _ _ _ _ - _ _ _ _
❏ Apply for a line of credit increase.
❏ Request my account be converted from individual to joint credit.
❏ Request my secured MasterCard be converted to Classic or Platinum MasterCard.

APPLICANT INFORMATION REQUIRED TO APPLY FOR A NEW CREDIT CARD, LINE INCREASE OR CONVERSION TO A JOINT CREDIT CARD ACCOUNT.

Applicant's Name (Print Last, First, Middle Initial)		
Employer	Job Title	
Employer's Address		
Date of Employment	Gross Monthly Income $	
Live with Parents? ❏ Yes ❏ No Live with Roommate/Spouse? ❏ Yes ❏ No	Number of Dependents Under Age 18	
Years At Current Address	Own ❏ Rent ❏	Monthly Payment $
Name of Friend or Relative	Relationship	Telephone ( )
Name of Other Reference	Relationship	Telephone ( )

CO-APPLICANT (FOR JOINT APPLICATIONS ONLY)

Co-Applicant's Name (Print Last, First, Middle Initial)	
Co-Applicant's Employer	Job Title
Employer's Address	
Date of Employment	Gross Monthly Income $

CERTIFICATE ACCOUNTS

❏ Please open a Certificate in the amount of : $_____
Enclosed you will find my check in the amount of: $_____and/or transfer $ _____ from my Credit Union Account Number _____.
1. SELECT ONE: ❏ Individual Account ❏ Joint Account* ❏ Payable Upon Death
2. TYPE (check one): ❏ Regular Certificate ❏ IRA Certificate
3. TERM: ❏ 3 mo. ❏ 6 mo. ❏ 7 mo. ❏ 1 yr. ❏ 2 yr. ❏ 3 yr. ❏ 4 yr. ❏ 5 yr.
4. INTEREST:
   ❏ Credit earnings to certificate to maximize yield.
   ❏ Credit earnings to my Credit Union Savings Account (not available on IRA Certificates).
   ❏ Credit earnings to my Credit Union Checking Account (not available on IRA Certificates).

*Joint Accounts are not permitted with IRAs.