

# WSECU

## AFFIDAVIT AND SWORN STATEMENT OF IDENTITY

### Important Information About Procedures 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 with our credit union. We will ask for your name, address, date of birth and other identification that will allow us to identify you.

As part of WSECU's Member Identification Program, accounts opened by mail must be accompanied by this affidavit affirming the member's identity and a clear copy of the identification listed under item 3. Please complete the following affidavit (must be notarized) and submit it to WSECU along with your completed account card and a photocopy of your ID.

### 1. I am first duly sworn and state I am:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

### 2. I certify that I am eligible for membership based on the following (check all that apply):

#### Location

- |   |       |
|---|-------|
| <input type="checkbox"/> State Government                                       | _____ |
| <input type="checkbox"/> City Government  | _____ |
| <input type="checkbox"/> County Government                                      | _____ |
| <input type="checkbox"/> Higher Education                                       | _____ |
| <input type="checkbox"/> School District  | _____ |
| <input type="checkbox"/> Family of one of the above                             | _____ |
| <input type="checkbox"/> Retired from one of the above                          | _____ |
| <input type="checkbox"/> Student  | _____ |
| <input type="checkbox"/> Community in Washington State<br>(list city or county) | _____ |

### 3. I state that the following identification is valid, unexpired and issued in my name (acceptable forms of identification for name changes are: State-issued driver license or ID card, U.S.-issued passport or U.S.-issued military ID):

Identification Number: \_\_\_\_\_ Type (e.g., driver license): \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Place Notary Stamp Below This Line**

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**Notice:** Any person who knowingly and with intent to injure, defraud or deceive WSECU, submits a statement containing any false, incomplete or misleading information commits a crime.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_