



PLEASE PRINT CLEARLY OR TYPE. COMPLETE ALL APPLICABLE SECTIONS AND SIGN WHERE INDICATED

ACCOUNT NAME: ACCOUNT NUMBER:

OWNERSHIP TYPE: Individual, Joint Tenancy, Written Trust, IRA, Individual with Beneficiaries, Joint Tenancy with Beneficiaries, Young Performer Account

IDENTIFYING INFORMATION: To help the government fight the funding of terrorism and money laundering activities, Federal law requires that we obtain, verify and record information that identifies each person who opens an account.

ACCOUNT TYPE(S): Regular Share Account, Performance Checking Account, Money Market Account, Health Savings Account, Young Performer Savings Account, Teen Performer Account, eChecking, Senior Checking

ADDITIONAL SERVICES: VISA Debit/ATM Card, Teen Performer - Visa Debit, Internet Banking Service, Telephone Banking Service, Email Address:

ACCOUNT OWNER 1 (or Written Trust Info.): Name, (Also Known As "aka"), Social Security Number, Date of Birth, Mailing Address, City, State, Zip Code, Home Phone, Work Phone, ID Type, State/Issued By, Number, Expiration, Mother's Maiden Name, Residence Street Address/City/State/Zip, Occupation

ACCOUNT OWNER 2 (or Trustee 1): Name, (Also Known As "aka"), Social Security Number, Date of Birth, Home Phone, Work Phone, ID Type, State/Issued By, Number, Expiration, Mother's Maiden Name, Residence Street Address/City/State/Zip, Occupation

MEMBERSHIP ELIGIBILITY: I am a member or employee of (record union or company name), OR I am a spouse, child, sibling, parent, grandparent, grandchild, or household member of the following SAG-AFTRA Federal Credit Union member: Name: Relationship:

TAX IDENTIFICATION NUMBER CERTIFICATION & BACKUP WITHHOLDING INFO.: By signing below, I certify under penalties of perjury that the Social Security Number/Tax ID Number shown above is my correct Tax Identification Number... I am subject to backup withholding, I am not a United States citizen or resident (complete IRS Form W-8BEN)

I/We hereby make application for membership in SAG-AFTRA Federal Credit Union (the "Credit Union"). All Account Owners signing this Membership Application hereby agree to be bound by the bylaws and policies, and any amendments thereto, of the Credit Union.

SIGNATURES: X Account Owner 1 Date X Account Owner 2 Date



SAG-AFTRA Federal Credit Union

MEMBERSHIP APPLICATION

- Personal Ownership -

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ACCOUNT NAME:	ACCOUNT NUMBER:
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ACCOUNT OWNER 3 (or Trustee 2)	Name _____ (Also Known As "aka")	Social Security Number _____	Date of Birth _____
	Home Phone _____	Work Phone _____	ID Type, State/Issued By, Number, Expiration _____
	Mother's Maiden Name _____		
	Residence Street Address/City/State/Zip (if different than the Mailing Address listed by Account Holder 1 above or if the Mailing Address listed is a P.O. Box) _____		
	Occupation _____		

ACCOUNT OWNER 4 (or Trustee 3)	Name _____ (Also Known As "aka")	Social Security Number _____	Date of Birth _____
	Home Phone _____	Work Phone _____	ID Type, State/Issued By, Number, Expiration _____
	Mother's Maiden Name _____		
	Residence Street Address/City/State/Zip (if different than the Mailing Address listed by Account Holder 1 above or if the Mailing Address listed is a P.O. Box) _____		
	Occupation _____		

ACCOUNT OWNER 5 (or Trustee 4)	Name _____ (Also Known As "aka")	Social Security Number _____	Date of Birth _____
	Home Phone _____	Work Phone _____	ID Type, State/Issued By, Number, Expiration _____
	Mother's Maiden Name _____		
	Residence Street Address/City/State/Zip (if different than the Mailing Address listed by Account Holder 1 above or if the Mailing Address listed is a P.O. Box) _____		
	Occupation _____		

BENEFICIARY

Name _____	Telephone Number _____	Date of Birth _____
Social Security Number _____	Relationship to Account Holder(s) _____	
Residence Street Address/City/State/Zip _____		

BENEFICIARY

Name _____	Telephone Number _____	Date of Birth _____
Social Security Number _____	Relationship to Account Holder(s) _____	
Residence Street Address/City/State/Zip _____		

SUCCESSOR TRUSTEE

Name _____	Telephone Number _____	Date of Birth _____
Social Security Number _____	Relationship to Account Holder(s) _____	
Residence Street Address/City/State/Zip _____		

SIGNATURES:

X _____ Date _____
Account Owner 3

X _____ Date _____
Account Owner 4

X _____ Date _____
Account Owner 5

Credit Union

Use Only: Disclosures Delivered: In Person By Mail Electronically / ChexSystems & FICO Verification

Initials: _____