



SAG-AFTRA Federal Credit Union

MEMBERSHIP APPLICATION

- Personal Ownership -

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

| | |
|----------------------|------------------------|
| ACCOUNT NAME: | ACCOUNT NUMBER: |
|----------------------|------------------------|

OWNERSHIP TYPE

Individual Joint Tenancy (with Right of Survivorship) Written Trust IRA

Individual with Beneficiaries (Totten Trust) Joint Tenancy with Beneficiaries (Totten Trust) Teen 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. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

ACCOUNT TYPE(S)

Regular Share Account (**Required to Establish Membership**) Performance Checking Account Money Market Account Health Savings Account

Teen Performer Savings Account eChecking Senior Checking

ADDITIONAL SERVICES

VISA Debit/ATM Card (must have checking) Issue Card to Account Owner(s): 1 2 3 4 (check at least one)

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 (if different than the Mailing Address listed above or if the Mailing Address listed above is a P.O. Box) _____

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 (if different than the Mailing Address listed by Account Holder 1 above or if the Mailing Address listed is a P.O. Box) _____

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** and that I am NOT, unless designated below, subject to backup withholding 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. I further certify that unless otherwise designated below, I am a U.S. person (including a U.S. resident alien).

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. I/We certify that the information provided in this Membership Application is true and correct and understand that my/our signature(s) on this Application apply to all accounts under my/our name(s). I/We agree that the Credit Union may access information concerning the handling of my/our account(s) with other financial institutions now and in the future and understand that my/our application to establish membership and an account will be verified through an account verification service, such as ChexSystems. I/We authorize the Credit Union to obtain my/our consumer credit report information from consumer reporting agencies for the purpose of identity verification and to determine my/our eligibility for other Credit Union products or services, and further understand that the Credit Union may use this information to deny me/us membership or to restrict the availability of certain products and services to me/us. I/We agree to be bound to the terms and conditions of this and all account agreements with the Credit Union now or in the future, including but not limited to, the All About Your Accounts Truth-In-Savings Disclosure and Account Agreement, Fee Disclosure, and Rate Sheet, which have been provided to me/us and which are incorporated into and made part of this Membership Application as though they were set forth in length. I/We agree that the Credit Union may charge against my/our account(s) any debt owed by me/us to the Credit Union, now or in the future, without going through any legal process or court proceeding. If this is a joint account, the Credit Union may charge the debt(s) owed by me/us to the Credit Union by any or all of us against the deposits of any or all of us. If I am a SAG-AFTRA member, I pledge a security interest in my "Residuals" to cover any and all debt or other funds that I may owe to the Credit Union, including, but not limited to, loans and account overdrafts. ****The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

SIGNATURES:

X _____ Date _____

X _____ Date _____

Credit Union

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

Initials: _____



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|----------------------------|------------------------------|
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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 _____ | | |

BENEFICIARY

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

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

SIGNATURES:

X _____ Date _____
Account Owner 3

X _____ Date _____
Account Owner 4

O003-0615

Credit Union

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

Initials: _____