

## MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT HUNTINGTON BEACH CREDIT UNION

ACCT. NO. _____	MEMBER NAME _____	DATE _____
<input type="checkbox"/> NEW MEMBER	<input type="checkbox"/> SHARE ACCOUNT	<input type="checkbox"/> _____ (Account Type) (Date Opened)
<input type="checkbox"/> INDIVIDUAL ACCOUNT	<input type="checkbox"/> SHARE DRAFT	<input type="checkbox"/> _____ (Account Type) (Date Opened)
<input type="checkbox"/> JOINT ACCOUNT _____ (Date Opened)	<input type="checkbox"/> _____ (Account Type) (Date Opened)	<input type="checkbox"/> _____ (Account Type) (Date Opened)

\* THIS CARD MAY BE USED FOR MULTIPLE ACCOUNTS ONLY IF: 1) ALL ACCOUNTS LISTED ABOVE ARE INDIVIDUAL ACCOUNTS OF THE MEMBER; OR 2) ALL ACCOUNTS LISTED ABOVE ARE OWNED BY ALL JOINT OWNERS SHOWN BELOW. ANY CHANGES AND/OR THE ADDITION OF A NEW ACCOUNT(S) REQUIRES THE CONSENT AND SIGNATURE OF ALL JOINT OWNERS. FOR ADDITIONAL ACCOUNTS OF THE MEMBER WITH OWNERSHIP OTHER THAN THAT SHOWN BELOW, A SEPARATE SIGNATURE CARD MUST BE USED.

### ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE

**By signing below, I acknowledge and agree as follows:** (1) I hereby apply for membership in, and agree to conform to the bylaws (as amended) of, the Credit Union ("you"). (2) I have received a copy of the Credit Union's Truth-in-Savings Disclosure ("Disclosure") and a copy of the current Rate and Fee Schedule. (3) All terms, conditions and information contained in the Disclosure, and any amendments thereto, are by this reference incorporated in their entirety into this Membership Application and Account Agreement ("Agreement"), and I agree to be bound by the terms and conditions of the Disclosure and Agreement. (4) I authorize you to obtain credit reports in connection with this account and any future services provided by you, as permitted by law. (5) I agree to pay you all of your costs and reasonable attorneys' fees, including all collection costs, litigation costs, skip-tracing fees, and outside services fees incurred while enforcing your rights under this Agreement. (6) **Express Consent (Non-Telemarketing Only):** I hereby give my express consent for you and others acting on your behalf to contact me at any telephone number I give to you or you obtain from any other source (including any wireless phone or VoIP number), using any calling or texting technology (including any automatic telephone dialing system, artificial voice or prerecorded voice), regarding this account or any other relationship I now or later have with you. I have not provided, and I will not provide to you, any telephone number unless I am the subscriber to the service or the customary user of the telephone to which that number relates unless I tell you in writing. If I revoke this authorization I will do so in a way that is likely to provide you with notice in time to process that revocation before you make any further calls or send any further texts, such as by using one of the methods designated by the Credit Union. (7) I certify that all information given in connection with this Agreement is accurate. I understand that you may verify all information I have given.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
MEMBER SIGNATURE DATE JOINT OWNER SIGNATURE DATE

### MEMBER INFORMATION

MEMBER NAME (PLEASE PRINT) _____	DATE OF BIRTH _____	SOCIAL SEC. NO. _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
HOME PHONE (RESIDENTIAL LANDLINE) _____	CELL PHONE _____	BUSINESS PHONE _____
EMAIL ADDRESS _____	ID NUMBER/TYPE _____	EXP. DATE _____ BASIS FOR MEMBERSHIP ELIGIBILITY _____
EMPLOYER _____	OCCUPATION _____	

### JOINT OWNER INFORMATION

MEMBER NAME (PLEASE PRINT) _____	DATE OF BIRTH _____	SOCIAL SEC. NO. _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
HOME PHONE (RESIDENTIAL LANDLINE) _____	CELL PHONE _____	BUSINESS PHONE _____
EMAIL ADDRESS _____	ID NUMBER/TYPE _____	EXP. DATE _____ BASIS FOR MEMBERSHIP ELIGIBILITY _____
EMPLOYER _____	OCCUPATION _____	

### 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. 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 may also ask to see your driver's license or other identifying documents.

### DESIGNATION OF BENEFICIARY (PAY-ON-DEATH PAYEE)

#### SHARES BENEFICIARY (member)

In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account(s).

NAME OF BENEFICIARY	ADDRESS

MEMBER SIGNATURE **X** \_\_\_\_\_

#### SHARES BENEFICIARY (joint owner)

In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account(s).

NAME OF BENEFICIARY	ADDRESS

JOINT OWNER SIGNATURE **X** \_\_\_\_\_

**OVERDRAFT PROTECTION**  YES  NO Share Draft Account overdrafts will be covered by a transfer from:

Share Account # \_\_\_\_\_ Share Account # \_\_\_\_\_ Loan # \_\_\_\_\_

#### PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NO.:

Name _____
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**PART I. Taxpayer Identification Number (TIN).** Enter your TIN in the box below. For individuals, this is your generally social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refer to the W-9 Form, Specific Instructions, Part I. For other entities, it is your employer identification number (EIN). If you do not have this number, see Instructions How to get a TIN in the W-9 Form, Specific Instructions.  
**NOTE: If the account is in more than one name, see the chart on the W-9 Form, Specific Instructions.**

**Social Security No. or Employer I.D. Number:** \_\_\_\_\_

#### PART II. Certification.

- Under penalties of perjury I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
  - I am not 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, and
  - I am a U.S. citizen or other U.S. person (defined in the W-9 Form, General Instructions), and
  - The FATCA code(s) entered on the separate instruction sheet (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See Certification Instructions in the W-9 Form).

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.**

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of the person whose TIN is stated above)

<b>- FOR CREDIT UNION USE ONLY -</b> Include name of system used to verify Member information: System: _____ Date _____	This Application for Membership as to <input type="checkbox"/> Member <input type="checkbox"/> Joint Owner Approved By: Signature: _____ Date _____
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