

NOTICE: To help our 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. **[] = Required**

FOR LAFCU USE ONLY:

CHECK 1 BOX

Last Name	First	Middle
Member # (6 digits)	Social Security #	

Membership Eligibility – How are you (“Primary Account Owner”) eligible for LAFCU membership? Print clearly in black ink (check one):

Active LA City Employee
 Retired LA City Employee
 LAFCU Employee
 Active LA City Volunteer: City Dept: _____
 Supervisor: _____ Phone: (____) _____
 Thru: LA Charitable Assn Inc (**LACA**), Association, or Select Empl. Group (SEG)
 Assn/SEG Name: _____
If LACA, Renew my \$1 Dues Annually: __Yes OR __No
 Related to, OR Living at the same address of...a current or eligible LAFCU Member:
 Person's Name: _____
 Relationship to You: _____ Current LAFCU Mbr? __Yes OR __No
 Current Member's LAFCU Account #: _____
 OR Eligible Member's Social Security #: _____

WHEN JOINING, PROVIDE ORIGINAL OR COPIES OF:

1st: Front & back of your: Driver's License or State ID card (must be a CA license if joining through LACA), or if age 17 and under, a School ID or Social Security card **AND**
2nd: Either your most recent utility bill (pay tv, electricity, gas, or water); or any major credit card; or US Passport; or US Military ID; or current statement from your bank, credit union or credit card; or an employee ID card (if an active or Volunteer LA City employee or work at a LAFCU SEG)

• Include **Joint Account Owner(s)** ID and info (same as above).
 • All Owners must **SIGN THE BACK** of this application.
 • Include a **check** or Money Order for all Accounts you want to open now.

Share Savings Account Opening Now (CHECK 1 BOX)

\$5 min. bal. * (age 18+) & \$5 Mbrship fee (includes \$1 if joining thru LACA)
 \$5 min. bal. (age 13 to 17) & No Membership fee
 \$5 min. bal. (age 12 & under: Looney Tunes Svgs Club) & No Mbrship fee

OTHER Accounts Opening Now

Checking: \$50 min. opening balance
 Money Market: \$2,500 min. opening balance
 Certificate ____ mo. term: \$100 or \$1k min. opening bal.
 Holiday Account: \$50 min. opening balance

Other Services Requested

Check Card
 VoiceTel-24 PIN
 e-Branch PIN
 Direct Deposit
 Overdraft Protection

Primary Account Owner

Last Name	First	Middle	Social Security #/Tax ID #
Home Address			Apt./Unit #
			Home Phone # ()
City	State	Zip	Cell Phone # (IF AVAILABLE) ()
Mailing Address (if different from Home Address)			Mother's Maiden Name
Home e-Mail Address (IF AVAILABLE)		ID Type (like Driv. Lic)#...and Expiration Date	Date of Birth
Employer (Dept. Name and #)		Job Title	Work Phone # ()

Joint Account Owners (other than Primary): Provide same identification as for the Primary

FOR "JOINT" OWNERS ONLY

Joint Account Owner #1				Joint Account Owner #2			
Last Name		Middle Name		Last Name		Middle Name	
First Name		Date of Birth		First Name		Date of Birth	
Social Security #		Mother's Maiden Name		Social Security #		Mother's Maiden Name	
ID Type, #, and Exp. Date		Cell Phone # ()		ID Type, #, and Exp. Date		Cell Phone # ()	
Home Phone # ()		Work Phone # ()		Home Phone # ()		Work Phone # ()	
Employer (Dept. Name and #)		Job Title		Employer (Dept. Name and #)		Job Title	
Home Address			Apt./Unit #	Home Address			Apt./Unit #
City		State	Zip	City		State	Zip

HOW DID YOU FIRST HEAR ABOUT LAFCU? (check ONE): LAFCU Branch Sign LAFCU Employee: _____

LAFCU Event
 LAFCU Presentation @ _____
 LAFCU Website
 Billboard Ad
 Community Event
 Co-Worker
 CUDL Car Dealer
 Email Ad
 Facebook
 Family
 Friend
 Newspaper Ad
 Post Card
 Radio Ad
 School Sign
 Twitter
 Van Ad
 Web Search
 Other _____

LAFCU Membership Application (continued)

= Required

Designation of Beneficiary(ies)

Designated beneficiary(ies), if any, will become the Owner(s) of these accounts upon the death of all Owners signed below. The beneficiary(ies) have no rights during the lifetime of any Owner. For three (3) or more beneficiaries, please fill out additional Membership Applications.

Last Name		Middle Name		Last Name		Middle Name					
First Name		Date of Birth		First Name		Date of Birth					
Relationship		Home e-Mail Address		Relationship		Home e-Mail Address					
Social Security #/Tax ID #		ID Type, # and Exp. Date		Social Security #/Tax ID #		ID Type, # and Exp. Date					
Address				Address							
City		State		Zip		City		State		Zip	
Home Phone # () ()		Work Phone # () ()		Home Phone # () ()		Work Phone # () ()					

Taxpayer Identification

The Internal Revenue Service does not require the Primary Account Owner's consent to any provision of this document other than the certifications required to avoid backup withholding.

Part I Taxpayer Identification Number (TIN). Enter the Primary Account Owner's Social Security Number or TIN Here:

NOTE: If the Accounts being opened with this Application are in more than one name, see IRS chart for guidelines on which number to provide.

Part II Backup withholding on Account(s) opened after December 31, 1983

Check this box if the Primary Account Owner is not subject to backup withholding. [See copy of IRS instructions for Form W-9 or IRS Code Section 3406 (1) (c).] **CERTIFICATION** – By checking the box on the left and signing below, the Primary Account Owner certifies, under penalty of perjury, that the TIN shown on this form is the correct TIN and the Primary Account Owner is not subject to backup withholding.

Part III All Owners are U.S. persons (including U.S. resident aliens).

Account Agreement with the Right of Survivorship

Los Angeles Federal Credit Union (LAFCU) is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business on each Account opened under this membership. All Owners hereby agree with each other and with LAFCU that all sums now on deposit or heretofore or hereafter deposited to any Account opened under this membership are and shall be owned by them jointly with right of survivorship and be subject to the withdrawals of any of them, and payments to them or the survivor(s) shall be valid and discharge LAFCU from any liability of such payment.

Any Owner may pledge any and all funds on deposit in any Account open under this membership as collateral for a loan or loans. The right or authority of LAFCU under this agreement shall not be changed or terminated by any Owner except by written notice to LAFCU which shall not affect transactions therefore made. Shares are not transferable except on the books of LAFCU.

Credit Report Authorization

By signing below, all Owners authorize LAFCU to verify any of the information furnished on this Application. All Owners also authorize LAFCU to gather whatever information it considers necessary and appropriate, including a credit report. As required by law, all Owners are hereby notified that a negative credit report reflecting on any of the Owners' credit may be submitted to a credit reporting agency if any Owner fails to fulfill the terms of any credit obligation.

Membership & Account Application / Signatures

By signing below, all Owners certify, under penalty of perjury, that all information in the Membership Application is true & correct. All Owners hereby make application for membership in and agree to conform to the By-laws & all disclosures provided separately or any amendments thereof in LAFCU. This Application controls all Accounts presently offered or to be offered by LAFCU in the name of the Owner(s) whose signature(s) appear below. Unless the Owner(s) otherwise notifies LAFCU in writing, each of the Accounts opened, utilized or closed, under this membership, shall be controlled by the provisions contained on this Application.

The Internal Revenue Service does not require the consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Account Owner's Signature X	(1) Joint Account Owner #1 Signature X
Date	(2) Joint Account Owner #2 Signature X

For Credit Union Use Only

Check Card VoiceTel-24 e-Branch Direct Deposit Overdraft Protection

New App. Revised App. Initials: _____ Date: _____
2nd ID Verif. Credit Card _____ Exp. Date: _____

Reason for being revised:

Add Joint Delete Joint Change Name Update Sig. Card

Primary: CS ok *CS NGCS SSN: yr _____, State _____

Joint #1: CS ok *CS NGCS SSN: yr _____, State _____

Joint #2: CS ok *CS NGCS SSN: yr _____, State _____

Approved by: Membership Officer Board Exec. Comm.

Signature

Date

X