AFTRA-SAG Federal Credit Union

MEMBERSHIP APPLICATION
- Personal Ownership -

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

ACCOUNT NAME: Credit Union Use Only	**ACCOUNT NUMBER:** Credit Union Use Only

OWNERSHIP TYPE ☐ Individual ☐ Joint Tenancy (with Right of Survivorship) ☐ Written Trust ☐ IRA
☐ Individual with Beneficiaries (Totten Trust) ☐ Joint Tenancy with Beneficiaries (Totten Trust)

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)** ☐ Share Draft (Checking) Account
☐ Young Performer Cash Account ☐ Teen Access Account (Minor's companion account to Young Performers Cash Account)

ADDITIONAL SERVICES ☐ VISA Debit/ATM Card (must have checking) **OR** ☐ ATM Card Only - Issued Card to Account Owner(s): ☐ 1 ☐ 2 ☐ 3 (check at least one)
☐ Teen Access – Visa Debit/ATM Card **OR** ☐ Teen Access – ATM Card
☐ StellarTeller (***Bank by Phone Service***) ☐ eTeller (***Internet 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)

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)

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)

BENEFICIARY

Name Telephone Number Relationship to Account Holder(s)

Residence Street Address/City/State/Zip

BENEFICIARY

Name Telephone Number Relationship to Account Holder(s)

Residence Street Address/City/State/Zip

SUCCESSOR TRUSTEE

Name Telephone Number

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 AFTRA-SAG Federal Credit Union member:
Name:_____ Relationship:_____

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION **

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 AFTRA-SAG 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 authorize the Credit Union to obtain my/our consumer credit report information from consumer reporting agencies for the purpose of identity verification and/or to determine my/our eligibility to offer me/us other Credit Union products or services. 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, Rate Schedule and Electronic Services Disclosure, 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. 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 an account will be verified through an account verification service. If I am an AFTRA or SAG 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_____ Account Owner 1 Date

X_____ Account Owner 2 Date

X_____ Account Owner 3 Date

X_____ Account Owner 4 Date

Credit Union Use Only:

Application Update To: ☐ Change Name ☐ Change Ownership or Add Joint Owner

Disclosures Delivered: ☐ In Person ☐ By Mail ☐ Electronically / ☐ ChexSystems Verification Initials:_____

Rev. 02/2006