

SAG-AFTRA Federal Credit Union

MEMBERSHIP APPLICATION

- Personal Ownership -

	PLEASE PRINT CLEARLY C	OR TYPE. COMPLET	E ALL APPLICA	BLE SECTIONS	AND SIGN WHE	RE INDICATED					
ACCOUNT NAME:					ACCOUNT NUMBER:						
OWNERSHIP TYPE	☐ Individual ☐ Individual with Beneficiarie	s (Totten Trust)		y (with Right of Su y with Beneficiarie		□ Written Trus□ Young Perfo					
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 □ Young Performer Savings Account □ Teen Performer Account □ eChecking □ Senior Checking										
ADDITIONAL SERVICES	□ VISA Debit/ATM Card (must have checking) - Issue Card to Account Owner(s): □ 1 □ 2 □ 3 (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")	Si	ocial Security Number		Date of Birth				
(or written rrust into.	Mailing Address			City		State	Zip Code				
	Home Phone	Work Phone	ID Тур	e, State/Issued By, Nu	mber, Expiration	Mothe	r'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	Name	(Also Known	As "aka")	Si	ocial Security Number		Date of Birth				
(or Trustee 1)	Home Phone	Work Phone	ID Тур	e, State/Issued By, Nu	mber, Expiration	Mothe	r's Maiden Name				
	Residence Street Address/City/State/Zip	o (if different than the Mailing A	Address listed by Acco	ınt Holder 1 above or if	the Mailing Address liste	ed is a P.O. Box)					
	Occupation										
MEMBERSHIP ELIGIBILITY	I am a member or employee of I am a spouse, child, sibling, paren	t, grandparent, grandchild	, or household mem	ber of the following \$	(reco	rd union or company n Credit Union memb					
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 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 Identification Number and 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 Identification Number and NOT, unless designated below, 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 shackup withholding. I further certify that unless otherwise designated below, I am a U.S. person (including a U.S. resident alien).											
	□ lams	subject to backup withholding	g 🗆	am not a United Stat	tes citizen or resident (o	complete IRS Form V	/-8BEN)				
and any amendments ther accounts under my/our nar application to establish me from consumer reporting a information to deny me/us now or in the future, includincorporated into and mad Union, now or in the future the deposits of any or all o	tion for membership in SAG-AFTRA Fede eto, of the Credit Union. I/We certify that me(s). I/We agree that the Credit Union nebership and an account will be verified agencies for the purpose of identify verimembership or to restrict the availability of ing but not limited to, the All About Your e part of this Membership Application as without going through any legal process to s. If I am an AFTRA or SAG member, fts. ** The Internal Revenue Service does	the information provided in the may access information conceins through an account verification and to determine mylification and to determine mylification and to determine mylification and to determine mylification. Truth-In-Savings Dithough they were set forth in or court proceeding. If this is a pledge a security interest in	nis Membership Applic rring the handling of m on service, such as Ch our eligibility for other is to me/us. I/We agre isclosure and Account length. I/We agree th a piont account, the C my "Residuals" to cov.	ation is true and corre- ylour account(s) with o excystems. I'We auth Credit Union products to be bound to the ter Agreement, Fee Disclo- at the Credit Union ma edit Union may charge or any and all debt or o	ct and understand that n ther financial institutions orize the Credit Union to s or services, and furthe ms and conditions of this sure, and Rate Sheet, w your, and Rate Sheet, w be the debt(s) owed by me ther funds that I may ow ther funds that I may ow	ny/our signature(s) on now and in the future o botain my/our consum or understand that the and all account agree which have been provid account(s) any debt call by us to the Credit Union, to the Credit Union,	this Application apply to all and understand that my/our beer credit report information Credit Union may use this ments with the Credit Union led to me/us and which are wed by me/us to the Credit to by any or all of us against including, but not limited to,				
SIGNATURES:											
XAccount Ow	ner 1	Date	_ x	Account Owner 2			Date				

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

Initials:____



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	PLEASE	PRINT CLEARLY O	R TYPE.	COMPLETE ALL AF	PPLICABLE SECTIONS	AND SIGN WHERE IND	DICATED		
ACCOUNT NAME:						ACCOUNT NUMBER:			
ACCOUNT OWNER 3	Name	Name		(Also Known As "aka")	Social Security Number		Date of Birth		
(or Trustee 2)	Home Phone	Home Phone			ID Type, State/Issued By, Number, Expiration		Mother's Maiden Name		
	Residence S	Street Address/City/State/Zip	(if different tha	n the Mailing Address listed	d by Account Holder 1 above or if th	ne Mailing Address listed is a P.C	D. Box)		
ACCOUNT OWNER 4 (or Trustee 3)	Name	Name		(Also Known As "aka")	Soc	Date of Birth			
	Home Phone		Work Phone		ID Type, State/Issued By, Num		Mother's Maiden	Name	
	Occupation	nreet Address/Oity/State/Zip	(ii dinerent tha	in the Mailing Address listed	d by Account Holder 1 above or if th	le mailing Address listed is a P.C	э. вох)		
ACCOUNT OWNER 5 (or Trustee 4)				/Al W A E I M				(F): II	
		Name Home Phone		(Also Known As "aka")	Social Security Number ID Type, State/Issued By, Number, Expiration		Date of Birth Mother's Maiden Name		
			Work Phone (if different that		d by Account Holder 1 above or if the				
	Occupation								
BENEFICIARY		Name			Telephone Number		Date of Birth		
		Social Security Number		Relationship to Ac					
		Residence Street Address/City/State/2							
SUCCESSOR TRUSTEE		Name		Telephone Numbe	Date of Birth				
		Social Security Number			Relationship to Ac				
		Residence Street Address/	City/State/Zip						
		Name		Telephone Number		Da	te of Birth		
		Social Security Number		Relationship to Ac					
		Residence Street Address/	City/State/Zip						
SIGNATURES:									
XAccount Owner 3				Date	XAccount Owner 4	Account Owner 4		Date	
XAccount (Owner 5			Date					
Cradit Union									

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