

MEMBERSHIP & ACCOUNT APPLICATION



MEMBERSHIP & ACCOUNT APPLICATION

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN AND AGREE TO CONFORM TO THE BYLAWS (AS AMENDED) OF THE CAPSTONE FEDERAL CREDIT UNION.

- | | | |
|--|---|---|
| <input type="checkbox"/> INDIVIDUAL ACCOUNT | <input type="checkbox"/> JOINT ACCOUNT | <input type="checkbox"/> DIRECT DEPOSIT |
| <input type="checkbox"/> SAVINGS ACCOUNT | <input type="checkbox"/> CHECKING ACCOUNT | <input type="checkbox"/> CHECK CARD |
| <input type="checkbox"/> MONEY MARKET | <input type="checkbox"/> CHRISTMAS CLUB | <input type="checkbox"/> ADD |
| <input type="checkbox"/> CHANGE OF BENEFICIARY | <input type="checkbox"/> NAME CHANGE | |

ACKNOWLEDGEMENT OF RECEIPT OF TRUTH-IN-SAVINGS DISCLOSURE

By signing below, I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure and that I have received a copy of the current Rate and Fee Schedule. The terms and conditions of the deposit account agreements are contained in the Credit Union's Truth-in-Savings Disclosure. I agree to be bound by the terms and conditions of the Credit Union's Account Agreement(s) and any amendments thereto. I understand that any new account information will be verified.

I authorize you to gather whatever credit, Checking Account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Signature Card and any other information you may receive and that I waive my right to confidentiality of my records with the California Department of Motor Vehicles (DMV) and authorize you to obtain such information from the DMV.

X
MEMBER SIGNATURE _____ DATE _____

X
JOINT OWNER SIGNATURE _____ DATE _____

MEMBER INFORMATION

SOCIAL SECURITY NO. / TAXPAYER ID NO. _____ ACCOUNT NO. _____ (FOR CU USE ONLY)

MEMBER NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

EMPLOYER _____ OCCUPATION _____

DRIVER LIC.# / STATE _____ QUALIFICATION FOR MEMBERSHIP _____

DATE OF BIRTH _____ MOTHER'S MAIDEN NAME _____

JOINT OWNER INFORMATION

JOINT OWNER'S NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

EMPLOYER _____ OCCUPATION _____

DRIVER LIC.# / STATE _____ SOCIAL SECURITY NO. _____

DATE OF BIRTH _____ RELATIONSHIP TO MEMBER _____

DESIGNATION OF BENEFICIARY (PAY-ON-DEATH PAYEE)

SHARE ACCOUNTS BENEFICIARY (member)

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

NAME OF BENEFICIARY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHARE ACCOUNTS BENEFICIARY (joint owner)

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

NAME OF BENEFICIARY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

PART I - Taxpayer Identification Number **PART II - Backup Withholding On Accounts Opened After 12/31/83**

Enter the taxpayer identification number in the appropriate box. For most individual taxpayers, this is the social security number.	Taxpayer identification Number: _____	Check the box if you are NOT subject to backup withholding under the provisions of section 3405(a)(1)(C) of the Revenue Code. <input type="checkbox"/>
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Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) 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 (3) I am a U.S. person (including a U.S. resident alien).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have fail to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8BEN if you are not a U.S. person.

X
MEMBER'S SIGNATURE _____ DATE _____

SAVINGS/CHECKING OVERDRAFT PROTECTION

- No, I do not want overdraft protection at this time.
 Yes, please provide me with overdraft protection (see below).

Overdrafts Covered By Transfer From:

- Share Account# _____
 Share Account# _____
 Line of Credit Acct.# _____
 Other: _____ Account# _____

- FOR CREDIT UNION USE ONLY -

Application Opened By: _____
 Signature _____ Date _____
 Application Approved By: _____
 Signature _____ Date _____

Important account opening information: Federal law requires us to obtain sufficient information to verify your identity. All applicants (primary & joint) must attach a photocopy of a current and valid state or U.S. Government-issued photo identification card. The credit union must maintain the records used to verify each person's identity. Our privacy policy and federal law protects the information you provide.