

# Joining the Credit Union is easy!

## SOUTH WESTERN FEDERAL CREDIT UNION

P.O. Box 908 • La Habra, CA 90633-0908  
(562) 694-8296 • (800) 899-8296  
FAX (562) 265-2291

# Membership Application & Agreement

(Use red ink to designate changes/additions made after the original date of this Application and Agreement)

### Instructions

#### 1. To Open a Share Account and Apply for Membership:

- Complete section 1.
- Read the section titled Additional Terms and Conditions on the reverse side.
- Be certain to fill in the membership eligibility portion of this section if you are qualifying through a family member.

#### Joint Accounts

- If your account will have a joint owner, read the Joint Ownership Agreement (Not Transferable) section on the reverse side.

#### Important Tax Information

- Read the section titled Taxpayer Identification and Backup Withholding and make any necessary changes.

#### Minimum Membership Deposit

- Be sure to include \$ \_\_\_\_\_ or your minimum balance required for membership.
- Send your application and your deposit to the address shown below:

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Federal Credit Union**  
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WWW.SWFCU.ORG

#### 2. Overdraft Protection.

- If You are applying for a Checking Account, select the method of transferring funds in the event of an overdraft by completing section 2.

#### 3. ATM/Debit Card.

- Complete this section if You would like to be issued an ATM or Debit Card to access Your Account.

#### 4. Beneficiary/Custodial Accounts

- If your account is to be a Uniform Gift/Transfer to Minor Account, a Pay-on-Death Account or a Trust Account, name the successor custodian and/or select a beneficiary by completing section 4.

#### Consent of Spouse

- If the beneficiary/successor named is not your spouse, have your spouse sign this section. It is suggested that spouses of account signers give consent by signing this section.

#### 5. Signatures

- All account owners must sign in section 5.

#### Return to the Credit Union

- Once complete, please return your Membership Application along with the Minimum Membership Deposit and any additional funds that you would like deposited to the Credit Union.

### Credit Union Use Only

Account Number \_\_\_\_\_

#### IMPORTANT INFORMATION ABOUT PROCEDURE(S) 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 You 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.

**Account Type(s):**  Share  Regular Checking  Direct Deposit Checking  Money Market Savings/Checking  IRA Share  
 Share Certificate  Traditional IRA Share Certificate  Roth IRA Share Certificate  
 Looney Tunes Savings  Next Step  1st Step  Other \_\_\_\_\_  
 Business Checking  Withdrawal Limit \$ \_\_\_\_\_  
**Trust Account:**  Living  Blocked  UTMA  Totten  Revocable  Irrevocable

**Business Classification**  
 Sole Proprietor  Partnership  Corporation  Other \_\_\_\_\_

**1. Membership**  Mr.  Ms.  Mrs. Home Owner  Yes  No  
**Primary Owner Name:** \_\_\_\_\_ How Long \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License/State/Exp Date \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Employer \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Years in This Field \_\_\_\_\_

**Eligibility Statement:** \_\_\_\_\_  
 Sponsoring Member's Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Sponsoring Member's Account Number:** \_\_\_\_\_

Designate which account(s) joint owners shall be on:

All Accounts  Regular Shares  Checking Account  Other \_\_\_\_\_

**Joint Owner #1** \_\_\_\_\_  
 Name (Primary for Business Accounts) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License/State/Exp Date \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**Joint Owner #2** \_\_\_\_\_  
 Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License/State/Exp Date \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**2. Overdraft Protection**  Yes  No

Checking Account overdrafts will be covered by a transfer from Your:

Account # \_\_\_\_\_ Sub Type \_\_\_\_\_ Account # \_\_\_\_\_ Sub Type \_\_\_\_\_

Loan # \_\_\_\_\_ Sub Type \_\_\_\_\_

**3. ATM/Debit Card**  Yes  No

You would like an ATM Card Initial Here \_\_\_\_\_  Please send joint owner/member an ATM Card Initial Here \_\_\_\_\_

You would like a Debit Card Initial Here \_\_\_\_\_  Please send joint owner/member a Debit Card Initial Here \_\_\_\_\_

#### 4. UTMA/UGMA/Pay-On-Death/Trust Account (See reverse side)

**Uniform Gift/Transfer to Minors Account** \_\_\_\_\_  
 Name of Successor Custodian \_\_\_\_\_

Successor custodian is designated as successor custodian of the gift property. Such appointment to take effect in the event of the resignation, death or legal incapacity of the original custodian.

**Pay on Death** - In the event of Your death You, the undersigned, a member of the credit union, hereby designate the following beneficiary(ies):

**Trust Account** - The Owner(s) is/are Trustee(s), hereby designating the following beneficiary(ies):

Beneficiary(ies) Designation for Pay on Death or Trust Account.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License/State \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License/State \_\_\_\_\_

#### Consent of Spouse (if beneficiary is other than spouse.)

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

#### 5. Signatures

You hereby apply for membership with South Western Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility and/or credit worthiness. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of South Western Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the "Agreements and Disclosures" related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If You are now applying or subsequently apply for any credit product ("Feature Category") contained in Our Credit Line Account program, You agree and understand that if approved, You are contractually liable according to the applicable terms and conditions of the Credit Line Account Agreement and Disclosure and You promise to pay all amounts charged to Your Credit Line Account according to its terms. If Your application for membership and/or for credit is a joint application, any liability created by the use of Your Account or by Your Credit Line Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf (including the issuance of a Credit Card) and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for South Western Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_  
 Applicant's Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

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

Applicant's (Primary Owner) Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Owner #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

## Additional Terms And Conditions

You hereby authorize Us to recognize any of the signatures subscribed in this Agreement in the payment of funds or the transaction of any business for the Accounts. The joint owners of the Accounts hereby agree with each other and with Us that all sums now, whenever paid into the Accounts by any or all of the joint owners to the credit of the joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them and payment to any of them or the survivor or survivors shall be valid and discharge Us from any liability for such payment. Any or all of the joint owners may pledge all or any part of the shares in the Accounts as collateral security to a loan or loans. The right or authority of the Credit Union under this Agreement shall not be changed or terminated by said owners, or any of them except by written notice to Us which shall not affect transactions made prior to such notice. Checks cashed against this Account are subject to collectability from this Account if returned unpaid. **LIEN IMPRESSMENT AND SET-OFF.** You agree that We may impress and enforce a statutory lien upon Your Accounts with Us to the extent You owe Us any money and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of off-set and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

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FAX (562) 697-9961

### Joint Ownership Agreement (Not Transferable)

South Western Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this Account (unless two signature required Account). The joint owners of the Account hereby agree with each other and with South Western Federal Credit Union that all sums now deposited in share accounts, or heretofore or hereafter deposited in share accounts by any or all said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge South Western Federal Credit Union from any liability for such payment. The joint owners also agree to be bound by the terms of the appropriate Account agreements and disclosures which have been provided.

### Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); and (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

**INSTRUCTION TO SIGNER.** If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.**

**CERTIFICATION IF AWAITING NUMBER**

Under penalties of perjury, You certify: (1) that a taxpayer identification number has not been issued to You (or the minor beneficiary if the Account is established under the Uniform Gift/Transfer to Minors Act), and that You mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or You intend to mail or deliver an application in the near future); and (2) that You are not subject to backup withholding.

You understand that if You do not provide a taxpayer identification number to the Credit Union within 60 days, the Credit Union is required to withhold 28 percent of all reportable payments thereafter made to You until You provide a number.

### Trust Account and Uniform Gift/Transfer to Minor Account Agreement

**Trust Account** - You agree that all sums whenever paid to the Trust Account shall be held by the Trustee(s) in trust for the beneficiary(ies) named, subject to the right of the Trustee(s) to revoke the same in whole or in part by, and to the extent of, the withdrawal of sums from the Credit Union Account established hereby.

Upon the death of the Trustee, (or if more than one, upon the death of the last surviving Trustee), the balance remaining in the Account shall be distributed by the Credit Union to the beneficiary or, if there is more than one beneficiary, then to the beneficiaries then living in equal shares.

Where more than one Trustee appears on this Account, withdrawals and the pledge of shares against loans may be made by any Trustee acting alone (unless two signature required Account). Shares paid in by the Trustees shall be owned equally. Upon the death of one Trustee, all rights in and to the Account shall belong to any surviving Trustee. In the event of conflicting demands for funds under this Account, the Credit Union may require the signatures of each of the Trustees.

**Uniform Gift/Transfer to Minor Account** - The gift of money to the minor named, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with and is to include all provisions of the Uniform Gift/Transfer To Minors Act as it is now hereafter, may be amended. Age of delivery to custodian FBO minor upon age \_\_\_\_\_ (age 18 unless otherwise specified by custodian) under the Uniform Gift/Transfer to Minors Act.

### Credit Union Use Only

Opened by _____	Date _____	Eligibility Verified _____	Check I.D. _____
Chex Systems: <input type="checkbox"/> Recorded <input type="checkbox"/> No Record			
State _____		Year _____ Other _____	
Scanned and Indexed By _____		Date _____	

**Remove Combination Application.  
Complete and Sign.**