Membership and Account Application

SF Fire Credit Union

Member #:

Account Type:

☐ Individual ☐ Joint ☐ Trust ☐ UTMA ☐ Membership Update

Eligibility:

☐ Firefighter ☐ Family (Name: _____) ☐ Community ☐ SFFD Historical Society

California State Firefighters' Association Eligibility: (Active Membership Number: _____)

☐ Firefighter ☐ Associate – Fire Department Employee ☐ Associate – Vendor ☐ Student or Explorer

Services:

☐ Checking ☐ ATM/Debit Card ☐ Checks ☐ Overdraft Protection

☐ Savings ☐ Money Market ☐ Term Certificate ☐ IRA

☐ Auto/Motorcycle Loan ☐ Signature Loan ☐ VISA Credit Card ☐ Prime Equity Line of Credit

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 for your name, address, birthdate, and other information that will let us identify you, including your driver's license or other valid ID documents.

Primary Member

Last Name:	**First Name:**	Middle Initial:	**Date of Birth:**
Social Security Number:	**Driver's License/State ID:**	**Mother's Maiden Name:**	
Residence (Address, City, State, Zip):		**Primary Phone:**	
Mailing (Address, City, State, Zip):		Email Address:	
Employer (City, State, Zip):		Work Phone:	

Joint Member

Last Name:	**First Name:**	Middle Initial:	**Date of Birth:**
Social Security Number:	**Driver's License/State ID:**	**Relationship to Primary:**	
Residence (Address, City, State, Zip)**:**		**Primary Phone:**	
Employer (City, State, Zip):		Work Phone:	

Primary Beneficiaries

Beneficiary Name:	**Address:**	**Date of Birth:**	**Relationship:**	**SSN:**	**Share %:**
Beneficiary Name:	Address:	Date of Birth:	Relationship:	SSN:	Share %:

Contingent Beneficiaries

Beneficiary Name:	**Address:**	**Date of Birth:**	**Relationship:**	**SSN:**	**Share %:**
Beneficiary Name:	Address:	Date of Birth:	Relationship:	SSN:	Share %:

Note: This is not to be used in conjunction with Trust Accounts or IRA's. If no percentages are given, funds will be disbursed evenly between individuals or entities listed as beneficiaries.

For Credit Union Use Only

Member Name: Member Number:

Membership Officer: ID Verified by:

ChexSystems: Date:

PLEASE SEE REVERSE TO COMPLETE FORM

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Request for Tax Payer Information

Part I : Enter you Taxpayer Identification Number (TIN). For individuals, this is your Social Security Number (SSN). For UTMA accounts, provide the SSN for minor. For Fiduciary and Living Trust Accounts, provide SSN of Trustee or Employer Identification Number (EIN) of Trust.

TIN (Social Security Number) **EIN (Employer Identification Number)**

Part II : For payees exempt from backup withholdings, see IRS instructions to Part II available from a Credit Union employee.

Part III : Under penalties of perjury, you certify that (1) The number shown on this form is your correct TIN, and (2) You are not subject to back up withholding.

☐ You agree to cross out Part II above and check the box if you have been notified by the IRS that you are currently subject to back up withholding because of underreporting interest or dividends on your tax returns.

Signature **Date**

Trust Information

Name of Trust: **Agreement Date:**

Name of Trustor:

I/ We declare under penalty of perjury and as provided under the California Probate Code Section 18100-5 that I/ we am/are qualified and have the power to act and am/are properly exercising the powers under the above names trust.

Signature of Trustee Signature of Trustee

UTMA Information

Funds to remain in Trust until age: _____

Appointment of Guardian (optional): In the event that the custodian originally named shall be unable to act as custodian, declines to accept the custodianship, resigns, dies, or becomes legally incapacitated, the person named below is designated successor custodian.

Name: Address: Phone Number:

Signature of Custodian Date Witness Date

SF Fire CU deposits are insured by American Share Insurance, the largest provider of private share insurance. **Each SF Fire Credit Union deposit and certificate account is insured up to $500,000.**

This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee depositors will get back their money. Accounts with this institution are not insured by any state government.

Proxy : I appoint the Board of Directors of SF Fire CU to appoint a Proxy to represent me at all meetings of the members of the Credit Union. The Proxy will vote for me on all questions and elections coming before said meeting, to give consent and in other ways to act in my place and stead. This Proxy shall remain in force for three years from today unless revoked by me in writing or revoked by subsequent Proxy. This Proxy will be withdrawn from any meeting, which I attend and vote in person.

By signing below, I/We agree to the terms and conditions of the Truth in Savings/Rate/Fee Schedule and to any amendments thereto which are by this reference incorporated in their entirety into the disclosure. I/We agree to be bound by the terms and conditions of the disclosures and application. I/we understand the credit union will mail the TIS, Fee and Rate Schedule within 10 days of receipt of this application. I/we authorize you to gather any credit, checking account and employment information deemed appropriate from time to time.

Signature **Date** **Signature** **Date**

For Credit Union Use Only

Member Name: Member Number:

(05/09)