

PLEASE READ CAREFULLY BEFORE SIGNING: I/we, the undersigned, apply to TORRANCE COMMUNITY CREDIT UNION for the account(s) indicated on the reverse side. By signing below, I/we certify that the information provided on this application is true and correct and acknowledge and agree to the following:

1. That I have received a copy of the Truth-In-Savings Disclosure and Electronic Services Disclosure which contains all the Agreements and Disclosures affecting all deposit accounts, certificates and IRA share certificates, a copy of the Schedule of Fees and Privacy Notice.
2. That I agree to be bound by the terms and conditions applicable to each account requested now or in the future, as contained in the Truth-In-Savings Disclosure and Electronic Services Disclosure or according to the Credit Union bylaws as amended from time to time.
3. That all funds paid in to any account shall be considered as being held by each owner with right of survivorship and regardless of net contribution, and that the Credit Union is under no obligation to inquire as to the source of any contribution.
4. That the Credit Union is authorized to recognize any of the signatures below for the transaction of any business on any account on which that party is named as an owner.
5. That I authorize you to gather whatever credit, checking account, employment information and credit bureau reports 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 run a consumer credit report on each individual on the account if I request to open an account and before issuing me an ATM or debit card. I authorize you to give information concerning your experience with me to others, as permitted by law. 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.
6. By providing the Credit Union with my email address, I agree to receive account information electronically, including, but not limited to statements and e-notices.

For additional security, passwords are required for telephone transactions.

My account password is _____ Initial _____

_____	X	_____
MEMBER NAME (PRINT)	SIGNATURE OF MEMBER	DATE
_____	X	_____
TRUSTEE OR GUARDIAN (PRINT)	SIGNATURE OF TRUSTEE OR GUARDIAN	DATE
_____	X	_____
JOINT OWNER (PRINT)	SIGNATURE OF JOINT OWNER	DATE

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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). Certification 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 failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 if you are not a U.S. person. I am subject to backup withholding Exempt I am not a United States citizen or resident (complete W-8 or W-8 BEN form)

AUTHORIZATION

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____
Signature of Member

Date

MEMBER THUMB	JOINT THUMB
<p>Upon opening your account with Torrance CCU, you may be asked to provide a thumb print as evidence of the person opening the account. Your thumb print may be used in the event of allegations of identity theft, fraud or other purpose.</p>	
Teller name and #	INT
Approved By	Date
FOR CREDIT UNION USE ONLY	