APPLICATION FOR MEMBERSHIP

Incomplete information may delay the processing of your application.

PRIMARY OWNER

FOR CREDIT UNION USE ONLY			S	iuffix		□NEW	
Please print Last Name			First		Middle		
Address (Do not use your work address or a P.O. Box)	City		S	State		Zip Code	Date of Birth
Home Phone Cell phone	□ Own	☐ Rent	☐ Live wi	th Parents	City Where	You Were Borr	n Mother's Maiden Name
Driver's License or State Issued ID	Social Sec	curity Nun	nber			E-mail Addre	SS
Employer						Business Pho	ne
Employer Address			(Occupatio	n		
□ Live in	DW0	ork in				ar	m related to a TCCU Member
Referring TCCU Member Name			Relatio	onship to r	me		
TCCU Member Account Number	-	Group	# (TCCU Us	se)			
Last Name First			Initial	Social	Security Number		Mother's Maiden Name
Date of Birth Relationship to Primary O	wner	Driver's L	icense Num	ber	Phone Number	E-mail Ado	dress
Address	City		Š	State	Zip Code	Occupation	
☐ Individual ☐ Joint (Husband and Wife) ☐ Joint (RDF	P) 🗆 Trust (u	nder sepa	rate agreem	ent)			
SHARE SAVINGS ACCOUNT - I AM APPLYING FOR MEMITO MY ACCOUNT VIA YOUR AUTOMATED PHONE SYSTE IN WANT TO OPT OUT OF FEE-FREE AUTOMATIC TR	M AND HOM	E BANKINC ACCORDA	AND INCLU	IDES OVER G D (refe	DRAFT PRIVILEGES	FROM MY PRIM	IARY SHARE SAVINGS ACCOUNT.
*TCCU Checking Account required to receive a VISA De	ebit Card		INIT	TAL	DATE		
☐ ATM Card ☐ VISA Debit Card*							НВ
☐ Second card for first joint owner							Est
☐ A Holiday Club Account							CK
☐ A Money Market Account							TCCU Use Only

By operation of law, any joint owner has a right of survivorship. You may designate a beneficiary for a joint account, but you understand that the pay on death beneficiary will only become effective upon the death of the last joint owner.

The party(s) listed below will be considered my/our Pay on Death (POD) payee(s) beneficiary(s) and if they survive me/us they will receive any unencumbered amount in my/our Credit Union account(s) after the death of all holders of the affected account(s) the POD payee(s) beneficiary(s). If they survive me/us, shall share the funds available.

POD PAYEE/BENEFICIARY	DATE OF BIRTH
SOCIAL SECURITY NUMBER	PHONE NUMBER
COMPLETE ADDRESS (STREET, CITY, STATE AND ZIP)	

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.

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

My account password is	Initial					
	х					
MEMBER NAME (PRINT)	SIGNATURE OF MEMBER	SIGNATURE OF MEMBER				
	x					
TRUSTEE OR GUARDIAN (PRINT)	SIGNATURE OF TRUSTEE OR GUAR	SIGNATURE OF TRUSTEE OR GUARDIAN				
	x					
JOINT OWNER (PRINT)	SIGNATURE OF JOINT OWNER	SIGNATURE OF JOINT OWNER				
TIN CERTIFICATION AND BACKUP WITH! Under penalties of perjury I certify that: 1. The number shown on th ber, 2. I am not subject to backup withholding because: (a) I am exe been notified by the Internal Revenue Service (IRS) that I am subject report all interest or dividends, or (c) the IRS has notified me the I ar 3. I am a U.S. person (including a U.S. resident alien). Certification in been notified by the IRS that you are currently subject to backup wii interest and dividends on your tax return. Cross out item 3 and com	is form is my correct taxpayer identification num- empt from backup withholding, or (b) I have not t to backup withholding as a result of a failure to m no longer subject to backup withholding, and nstructions. Cross out item 2 above if you have thholding because you have failed to report all plete a W-8 if you are not a U.S. person. I am	MEMBER THUMB	JOINT THUMB			
subject to backup withholding Exempt I am not a United States citiz AUTHORIZATION By signing below, I/We agree to the terms and conditions of the Me Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, Union makes from time to time which are incorporated herein. I/We ment and Disclosures applicable to the accounts and services requires	embership and Account Agreement, Truth-in- if applicable, and to any amendment the Credit e acknowledge receipt of a copy of the Agree-	opening the account. Your th	print as evidence of the person			

Date

Insured by NCUA

FOR CREDIT UNION USE ONLY

INT

Date

Teller name and #

Approved By

Signature of Member

certifications required to avoid backup withholding.