

APPLICATION FOR MEMBERSHIP

Incomplete information may delay the processing of your application.

PRIMARY OWNER

<i>FOR CREDIT UNION USE ONLY</i>		Suffix	<input type="checkbox"/> NEW <input type="checkbox"/> REVISION	
Please print Last Name		First	Middle	
Address (Do not use your work address or a P.O. Box)		City	State	Zip Code
				Date of Birth / /
Home Phone	Cell phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents	City Where You Were Born	Mother's Maiden Name
Driver's License or State Issued ID		Social Security Number		E-mail Address
Employer			Business Phone	
Employer Address		Occupation		

ELIGIBILITY

<input type="checkbox"/> Live in _____			<input type="checkbox"/> Work in _____			<input type="checkbox"/> am related to a TCCU Member		
Referring TCCU Member Name _____			Relationship to me _____					
TCCU Member Account Number _____			Group # (TCCU Use) _____					

JOINT

Last Name		First	Initial	Social Security Number		Mother's Maiden Name	
Date of Birth	Relationship to Primary Owner		Driver's License Number	Phone Number	E-mail Address		
Address		City	State	Zip Code	Occupation		
<input type="checkbox"/> individual <input type="checkbox"/> Joint (Husband and Wife) <input type="checkbox"/> Joint (RDP) <input type="checkbox"/> Trust (under separate agreement)							

ACCOUNT OPTIONS

<input type="checkbox"/> SHARE SAVINGS ACCOUNT - I AM APPLYING FOR MEMBERSHIP IN TORRANCE COMMUNITY CREDIT UNION. MY MEMBERSHIP (SHARE SAVINGS ACCOUNT) INCLUDES ACCESS TO MY ACCOUNT VIA YOUR AUTOMATED PHONE SYSTEM AND HOME BANKING AND INCLUDES OVERDRAFT PRIVILEGES FROM MY PRIMARY SHARE SAVINGS ACCOUNT. I WANT TO OPT OUT OF FEE-FREE AUTOMATIC TRANSFER IN ACCORDANCE TO REG D (refer to TIS for complete description).			
SHARE DRAFT CHECKING ACCOUNT			
SERVICES REQUESTED			
*TCCU Checking Account required to receive a VISA Debit Card		INITIAL	DATE
<input type="checkbox"/> ATM Card <input type="checkbox"/> VISA Debit Card*		_____	_____
<input type="checkbox"/> Second card for first joint owner		_____	_____
<input type="checkbox"/> A Holiday Club Account		_____	_____
<input type="checkbox"/> A Money Market Account		_____	_____
Contact the Credit Union for Share Certificate and IRA Certificate Accounts.			

DESIGNATION OF BENEFICIARY OR PAY ON DEATH (POD) PAYEE(S)

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)	

If joint owner section is complete above, you acknowledge that all accounts requested will be joint accounts.
COMPLETE BOTH SIDES AND SIGN ON REVERSE BEFORE SUBMITTING TO CREDIT UNION

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
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.	
Teller name and #	INT
Approved By	Date
FOR CREDIT UNION USE ONLY	