

UNDER THE USA PATRIOT ACT, ALL FINANCIAL INSTITUTIONS MUST REQUEST PERSONAL INFORMATION TO VERIFY APPLICANTS' IDENTIFICATION

Print Name (Last, First, Middle Initial)	FOR CREDIT UNION USE ONLY		
	Account No.	Verification Code	By/Date

HOW ARE YOU ELIGIBLE FOR MEMBERSHIP? CHECK ONE

- EMPLOYEE OF _____
- RELATIVE OF _____
(Member's Name and Account Number)
- OTHER _____

ACCOUNT STATUS NEW REVISION

<input type="checkbox"/> Individual Account	<input type="checkbox"/> Joint Account
<input type="checkbox"/> Individual Account with Pay-on-Death Beneficiary	<input type="checkbox"/> Joint Account with Pay-On-Death Beneficiary

Name (Last) _____ First _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Birth Date (MDY)	Mother's Maiden Name	Home Phone
Social Security Number /TIN	Cell Phone Number	
Driver's License/State ID No.	Business Phone	Ext

ARE YOU A U.S. CITIZEN?

YES – PLEASE PROVIDE A CLEAR COPY OF YOUR DRIVER'S LICENSE OR STATE ID CARD

NO – PLEASE PROVIDE A CLEAR COPY OF YOUR PASSPORT SHOWING COUNTRY OF ORIGIN, PHOTO AND PASSPORT NUMBER OR ALIEN IDENTIFICATION CARD (GREEN CARD) OR GOVERNMENT-ISSUED IDENTIFICATION.

<input type="checkbox"/> US CITIZEN AND U.S. RESIDENT ALIEN: Complete and attach W-9 form (Request for Taxpayer Identification Number and Certification)	<input type="checkbox"/> NON RESIDENT ALIEN NOT MARRIED TO A US CITIZEN: Please check box, complete and attach W-8 form (Certificate of Foreign Status).
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AN ACCOUNT IS NOT LEGAL WITHOUT THE REQUESTED DOCUMENTATION

- ➔ Do you want to receive electronic statements? If yes, provide email address: _____
- ➔ You will be given a password to access your account by PATT (Personal Automated Telephone Teller). If you wish to choose your own PIN, provide a 4-digit password. _____

Certification – You certify under the penalties of perjury that all information provided on this card is true, correct and complete.

- You hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of CareConnections Federal Credit Union. You will receive a leaflet entitled "Important Account Information for Our Members" which contains "Terms and Conditions of your Deposit Account", Electronics and Truth-In-Savings Disclosures. Your Signature below and use of the account will confirm your agreement to be bound unless you disagree with its terms, in which case, you will receive a full refund of your enrollment fee if any. You acknowledge receipt of current dividend rates and fee schedule.
- You authorize us to contact and inquire of your references, your spouse, and your employer(s), past, present, and future, to verify any information shown on the application, and to obtain credit reports. You authorize us to furnish information concerning your account and your payment history with us to credit reporting agencies.

Signature of Applicant (Primary Owner) _____ Date _____

X

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER	
Name	Social Security Number Or Employer ID
<p>Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box above. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part 1 instructions on page 3 of form W-9. For other entities, it is your employer identification (EIN). If you do not have a number, see "How to get a TIN" on form W-9.</p> <p>Part II Certification Under penalties of perjury, I certify that :</p> <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 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 I am a U.S. person (including a U.S. resident alien). <p>Certification instructions. You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See instructions on form W-9)</p>	
Signature of person whose TIN is stated above	Date
X	

PAY-ON-DEATH (P.O.D.) PAYEE(S)

In the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the owner(s) hereby designate as P.O.D. Payee(s) to receive all sums in my/our account established on this form:

Name	Address (if not the same as account owner/s)	Birthday	Relationship

JOINT OWNERSHIP

- CARECONNECTIONS 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 on any account designated as a joint account. The joint owners hereby agree with each other and with the Credit Union that all sums now paid in on shares or heretofore or hereafter paid in on shares by any or all of 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 without regard to any party's net contribution and be subject to the withdrawal or receipt by any of them or the survivor or survivors shall be valid and discharge the Credit Union from any liability for such payment.
- Shares in this account may be pledged as collateral for a loan only at this Credit Union by any or all said joint owners as long as joint owner is a member in his/her own right.
- 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 said Credit Union which shall not affect transactions theretofore made. Shares are not transferable except on the books of the Credit Union.

Joint Owner's Name (Print) Last _____ First _____ Mid _____

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Address if not the same as primary owner's: _____

Social Security Number	Driver's License/State ID Number	Mother's Maiden Name
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Signature - Primary Owner _____ Date _____

X
Signature - Joint Owner _____ Date _____

X

ATM Card for Savings Application and Agreement

- YES, I (WE) WANT TO APPLY FOR ATM FOR SAVINGS
 ↻ Do you wish to provide your own personal identification number (PIN)? Yes No
- NO, I (WE) DO NOT WANT TO APPLY FOR ATM FOR SAVINGS

I/We understand that the maximum daily cash limit (up to \$300) is determined by credit reports you obtain and may be decreased or increased at your sole discretion. I/We also understand that a minimum of \$20.00 must be maintained in my/our share account. An ATM card will not be issued to a member who is under the minimum "responsible" age of 18.

The credit union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account both agree with each other and with the Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly and equally, with the right of survivorship and to 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 to discharge the Credit Union from any liability for such payment.

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 the Credit Union which shall not affect transactions theretofore made. The parties agree to keep the credit union informed of any change to their mailing address.

This agreement shall be construed in accordance with the provisions of the California Uniform Commercial Code (U.C.C.) and the term "credit union" for the purpose of this agreement shall be deemed to be included in the definition of "bank" as found in U.C.C.

I/we hereby acknowledge receiving the ATM card disclosure and agreement and additional ATM Card Disclosure statement and agree to the terms therein.

Signature - Primary Owner/Card Holder _____ Date _____

X

Signature - Secondary Owner/Card Holder _____ Date _____

X

CONSENT OF SPOUSE
To be completed by the spouse of any joint owner if said spouse is not included as joint owner.
DATED _____ SIGNATURE: _____
SPOUSE OF _____

NEW MEMBER ENROLLMENT INSTRUCTIONS

A. COMPLETE THE FOLLOWING FORMS:

1. Membership Application Card *
2. Direct Deposit Authorization**
3. Payroll deduction request if employer does not offer direct deposit **

B. SEND TO THE CREDIT UNION MAIN OFFICE:

1. All forms completed.
2. Clear copy of applicable identification documents (i.e. Driver's License/ID Cards or passport/Alien Identification Card, etc.).
3. Copy of your last pay stub to verify eligibility (except for qualified family members who will submit an introductory letter).
4. A check payable to CareConnections Federal Credit Union for **\$25.00**:
 - ♦ \$20.00 minimum required to start savings and maintain active membership.
 - ♦ \$5.00 membership fee (non-refundable)

C. PLEASE NOTE

- Access to Credit Union services may be delayed by incomplete applications.
- Credit checks may be made to pre-qualify applicant(s) for CU products.

* Required – must be completed in full.

**Optional - complete only if you wish to have direct deposit.

- Call CareConnections Federal Credit Union or check with your employer for Direct Deposit Forms.
- Credit Union's routing number (ABA) – **322078558**

CHECK BOX IF YOU WANT MORE INFORMATION ABOUT:

- | | |
|--|---|
| <input type="checkbox"/> 1 ST TRUST DEED HOME MORTGAGE LOANS | <input type="checkbox"/> AUTO LOANS |
| <input type="checkbox"/> 2 ND TRUST DEED HOME LOANS/HOME EQUITY LINES OF CREDIT | <input type="checkbox"/> RECREATIONAL VEHICLE /WATERCRAFT |
| <input type="checkbox"/> HOLIDAY AND VACATION CLUB ACCOUNTS | <input type="checkbox"/> VISA CARDS |
| <input type="checkbox"/> MONEY MARKET ACCOUNTS | <input type="checkbox"/> ATM / DEBITCARDS |
| <input type="checkbox"/> SHARE DRAFT (CHECKING) ACCOUNTS | <input type="checkbox"/> SHARE CERTIFICATES |
| <input type="checkbox"/> SIGNATURE/UNSECURED LINES OF CREDIT LOAN | <input type="checkbox"/> I.R.A. s |

For CU use only	
This membership application is approved by:	Chex Systems
	OFAC
Signature - Membership Officer _____	Date _____

Main Office: 210 N. Pass Ave. Suite 202, Burbank, CA 91505 · Ph:(818) 840-6701 · Fax: (818) 566-9953

Branch Office: 15107 Vanowen St., Van Nuys, CA 91405 · Ph: (818) 902-2966 · Fax: (818) 782-6756