

**ADDITIONAL TERMS APPLICABLE TO MEMBERSHIP**

In this Membership Application, "I" and "My" mean each and every person who signs the Membership Application. "FCU" refers to Fiscal Credit Union. If I am not currently a member, I hereby make application for membership in FCU. I agree to conform to FCU's bylaws as well as applicable Terms and Conditions set forth in the Account Agreement(s), Truth-in-Savings Disclosure, and Electronic Services Disclosure and Agreement which I will receive upon opening an account(s) and is incorporated herein by reference as though set forth in full.

**Consent to obtain consumer report:** I authorize FCU to verify financial information, data, and employment history and gather any credit, checking account, and employment information considered appropriate from time to time by any necessary means, including obtaining a consumer report by any consumer-reporting agency. I understand that this will assist in determining my initial and ongoing eligibility for an account and/or in connection with making

future credit opportunities available to me. I authorize FCU to give information concerning FCU's experience with me to others. I understand and agree that FCU may retain this Membership Application and any information received and that I waive my right to confidentiality of my records with the California Department of Motor Vehicles (DMV) under California Vehicle Code 1808.21 and authorize you to obtain such information from the DMV.

I must be a member in good standing to take advantage of FCU's products and services. If I have a derogatory record, including, but not limited to, ChexSystem's reports, I may be denied a Checking Account and/or electronic access cards.

**Terms Applicable to Membership Application:**  
I understand and agree that this Membership Application shall govern all accounts opened under the primary member account and certify I am within FCU's field of membership. I authorize you to open other account(s) for me in person or per my telephone request.



# MEMBERSHIP APPLICATION

**ACKNOWLEDGMENT OF DISCLOSURE**

Public Law No. 102-242 requires that we inform you about your share insurance and ask that you sign and return this form to Fiscal Credit Union.

The board of directors and members have elected to have the share accounts of this institution insured by American Share Insurance (ASI), the nation's largest private deposit insurer. ASI is a credit union-owned, share guaranty corporation serving only credit unions and providing share insurance protection up to \$500,000 per account.

In accordance with the Federal Deposit Insurance Corporation Improvement Act of 1991, please be advised that this credit union is not federally insured, and that if the institution fails, the Federal Government does not guarantee that depositors will get back their money.

I acknowledge that I have read the disclosure statement regarding my share insurance protection.

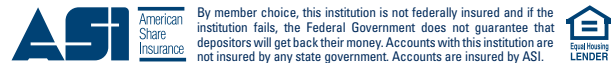
\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date

Contact Fiscal Credit Union if you have any questions regarding your share insurance protection.



**NOTICE OF IDENTIFICATION**

All applicants for Fiscal Credit Union membership must provide a current, valid U.S. Government- or State-issued photo identification, such as a California I.D., a Driver's License or a Military I.D. As required by law, the Credit Union must verify the identity of each person seeking to open or add a signer to an account, including joint owners and co-borrowers. In addition, the Credit Union must maintain records of the information used to verify each person's identity.

**Note:**  
Your residence address will be required on your membership application. You may list P.O. Boxes or mailing addresses, but only in addition to your residence address.

I have read and acknowledge the information above.

\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date



**Corporate Office**  
310 East Colorado Street  
Glendale, CA 91205

1-800-311-3328  
www.fiscal.org



*Make your plans for  
the future today's reality*



FOR CREDIT UNION USE ONLY

Last	First
Member Number	

MEMBERSHIP APPLICATION

COMPLETE ALL PARTS OF THIS APPLICATION (Check all that apply). Pursuant to Federal law, the Credit Union must verify the identity of any person seeking to open an account or to add a signer or joint owner to any account and must maintain records of the information used to verify the person's identity.

IMPORTANT:

Include your \$5 check and a copy of your valid drivers license or picture ID.

- Applying for membership through \$5 entrance fee (*non-refundable*)
- Applying for membership through opening of a Share (Savings) account (*\$5 initial deposit required*)

The account(s) shall be held as:

- Individual (*Primary*)
- Joint (*must sign application*)

I would like to apply for the following:

Checking Account (*please refer to checking brochure*)

[Office use only] SD Conversion #

- Free
- Premium
- Benefits Plus

Overdraft Protection to my Checking Account from:

- Line of Credit (*requires additional application*)

Additional Credit Union offerings

- Holiday Club
- Other \_\_\_\_\_
- Visa Check Card (*ATM*)
- Please issue a Visa Check Card for the joint owner
- Insured Money Market Account
- Term (Share) Certificate (*requires additional application*)

Loan Services: (*see loan application*)

- Auto
- Home Equity Loan/Line of Credit
- Signature Loan
- Personal Line of Credit
- Real Estate (*requires real estate loan application*)

QUALIFICATION FOR MEMBERSHIP

Membership in Fiscal CU can be established by meeting one or more of the following criteria. More detailed information, such as a list of qualifying zip code areas, may be obtained upon request from the Credit Union. Please check all areas that apply and provide the requested information along with the membership application, to assist us in verifying your qualification(s) for membership. Thank you.

- Resident of qualifying zip code area (*Provide copy of driver's license or utility bill*) Zip Code \_\_\_\_\_
- Employment with a company which is either located within qualifying zip code areas, or is on Fiscal CU's "Select Employer Group" list. (*If qualifying through zip code area, provide copy of pay stub*)

Company Name	
Company Address	

Immediate family member of existing Fiscal CU member:

Last	First
Member Number	Relationship

- Attend school which is located in qualifying zip code area (*Provide copy of school I.D.*) Zip Code \_\_\_\_\_
- Regularly attend a place of worship at a location in qualifying zip code area (*Provide documentation from affiliation, such as a registration card, program or donation envelope*) Zip Code \_\_\_\_\_

PRIMARY MEMBER INFORMATION

Last Name	First Name	Middle Initial
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Street Address

City	State	Zip Code
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( )	( )	
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Home Phone	Business Phone	Ext.
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( )	/	/
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Cell Phone	Date of Birth
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Driver's License Number	Mother's Maiden Name
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Member Employed by	Occupation
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Email Address

JOINT ACCOUNT INFORMATION

Last Name	First Name	Middle Initial
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Street Address

City	State	Zip Code
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( )	( )	
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Home Phone	Business Phone	Ext.
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( )	/	/
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Cell Phone	Date of Birth
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Social Security Number

Driver's License Number	Mother's Maiden Name
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Joint Owner Employed by	Occupation
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Email Address

PAY-ON-DEATH PROVISION

Name of Payee (Beneficiary)

Street Address

City	State	Zip
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( )		
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Home Phone	Social Security Number
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Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see "Specific Instructions" for Taxpayer Identification Number and Certification (IRS FORM W-9) in the Account Agreement and Truth-In-Savings Disclosure. For other entities, it is your Employer Identification Number (EIN). If you do not have a number, Refer to How To Get A TIN in the Account Agreement and Truth-In-Savings Disclosure.

Note: If the account is in more than one name, see the chart for guidelines on "What Name and Number to Give the Requester."

Social Security Number (TIN)
_____ - _____ - _____

EIN (Employer Identification Number)
_____ - _____ - _____

Part II. Certification

By signing below, I certify under the penalties of perjury that:

- The number shown on this form is my correct Taxpayer Identification Number, 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 withholdings 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).

**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 or dividends on your tax return. For real estate transactions, item 2 does not apply. Cross out item 3 and complete a W-8BEN if you are not a U.S. person. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an Individual Retirement Account (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 "Specific Instructions").

<b>Note:</b> The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.
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Primary Member Signature	Date
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Joint Owner Signature	Date
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FOR CREDIT UNION USE ONLY	THUMBPRINT
Credit Union Officer's Signature	
Date	
ChexSystem/OFAC	
Teller ID	