



ATTACH CHECK FOR INITIAL DEPOSIT HERE

ATTACH INCOME VERIFICATION HERE

ATTACH EMPLOYMENT VERIFICATION HERE (paycheck stub)  
COPY OF VALID PICTURE I.D. REQUIRED (i.e. Driver's License, State)

# MEMBERSHIP INVITATION

Account # \_\_\_\_\_

I, \_\_\_\_\_, wish to accept your invitation to become a member of UPS Employees Federal Credit Union (UPSEFCU)  
(Please print full name)

## 1 ELIGIBILITY

I am eligible to join UPSEFCU because I'm (please check one): *subject to verification (Please print)*

- An employee of United Parcel Service
- A relative of a member of UPSEFCU
- Name of relative \_\_\_\_\_ Account # \_\_\_\_\_ Relationship \_\_\_\_\_

## 2 MEMBER INFORMATION

PLEASE COMPLETE ENTIRE FORM, CHECK BOXES FOR SERVICES REQUESTED AND SIGN AT BOTTOM.

Primary Owner Name		Cell Phone ( )	Joint Owner Name		Relationship to Primary Owner
Home Street Address			Home Street Address		Cell Phone ( )
City	State	Zip	City	State	Zip
Date of Birth	Social Security No.	Driver's License No.	Date of Birth	Social Security No.	Driver's License No.
Home Phone ( )		Mother's Maiden Name	Home Phone ( )		Mother's Maiden Name
<b>BENEFICIARY(IES)</b> In the event of my death, or if there is more than one owner of this account, in the event of death of all owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this form:					
Name of Beneficiary		Phone No. ( )	Name of Beneficiary		Phone No. ( )
Address		Date of Birth	Social Security No.	Address	
		Date of Birth	Social Security No.		

## 3 SELECT YOUR ACCOUNT(S)

FOR TRUST ACCOUNTS OR IRAs CONTACT THE CREDIT UNION.

- Deposit To Regular Savings Account: (\$55.00 minimum deposit) (includes \$5.00 Membership Fee) . . . . . \$ \_\_\_\_\_
- Checking Account: (\$50.00 minimum deposit) (You must complete Section 4 below - subject to acct. approval) . . . . . \$ \_\_\_\_\_
- VISA Debit Card  Check for additional card for Joint Owner
- Youth Accounts: (\$25.00 minimum deposit) (17 years old and under) . . . . . \$ \_\_\_\_\_
- Certificate: (\$500.00 minimum deposit required) . . . . . \$ \_\_\_\_\_
- Term:  6 Mo.  12 Mo.  24 Mo.  36 Mo.  60 Mo. **TOTAL INITIAL DEPOSIT ENCLOSED:** . . . . . \$ \_\_\_\_\_

## 4 CHECKING ACCOUNT / OVERDRAFT OPTIONS

Overdrafts can be covered in two different way or combinations thereof. They are: 1) A transfer from my Savings Account, with not more than three transfers in any calendar month, or 2) An advance from my Line of Credit, upon approval of credit and subject to terms and conditions of that account, up to my credit limit (**check only one box**).

- No Overdraft  Savings only  Savings, then Line of Credit  Line of Credit only  Line of Credit, then Savings
- Member Employer \_\_\_\_\_ ( ) Work Phone No. \_\_\_\_\_ Date employed \_\_\_\_\_ Monthly income before taxes \$ \_\_\_\_\_
- Member Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_  Monthly rent or  Mortgage payment Total of all other loan payments \$ \_\_\_\_\_
- Joint Owner Employer \_\_\_\_\_ ( ) Work Phone No. \_\_\_\_\_ Date employed \_\_\_\_\_ Monthly income before taxes \$ \_\_\_\_\_

## 5 TLC/PASSWORDS

(Easy to use computerized telephone link)

I would like my TLC access code to be: \_\_\_\_\_. If I leave it blank, you will choose one for me and send instructions on how to use it.

Security Password: \_\_\_\_\_ (Additional information for identification when you call)

## 6 TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

My taxpayer identification number is (Social Security Number)    -   -

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).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

## 7 AUTHORIZATION & SIGNATURE(S)

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of UPS Employees Federal Credit Union. I acknowledge receipt of the Account Agreement, Disclosure for Electronic Services, Truth-In-Savings, and the Fee Schedule and agree to be bound by their terms. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement on the reverse.

Note: 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** Primary / Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ **X** Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ 00133-1045-01



# UPS Employees Federal Credit Union

3110-A Inland Empire Blvd.  
Ontario, CA 91764-6572  
(909) 481-2805  
(800) 287-7332  
FAX (909) 484-1167

# MEMBERSHIP INVITATION

### FOR CREDIT UNION USE ONLY

#### VERIFICATION OF ID (PRIMARY):

Documentary Method Used (other than Driver's License)\*  
 Type of Document: \_\_\_\_\_  
 ID No.: \_\_\_\_\_ Place of Issuance: \_\_\_\_\_  
 Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Non-Documentary Method Used: \_\_\_\_\_  
 Results: \_\_\_\_\_

Description of Resolution of Any Substantive Discrepancy:  
 \_\_\_\_\_

ID Verified By: \_\_\_\_\_  
 Print Name Title

OFAC: \_\_\_\_\_  
 Signature X \_\_\_\_\_ Date

Application Approved By: \_\_\_\_\_  
 Print Name Title

Signature X \_\_\_\_\_ Date

#### VERIFICATION OF ID (JOINT):

Documentary Method Used (other than Driver's License)\*  
 Type of Document: \_\_\_\_\_  
 ID No.: \_\_\_\_\_ Place of Issuance: \_\_\_\_\_  
 Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Non-Documentary Method Used: \_\_\_\_\_  
 Results: \_\_\_\_\_

Description of Resolution of Any Substantive Discrepancy:  
 \_\_\_\_\_

ID Verified By: \_\_\_\_\_  
 Print Name Title

OFAC: \_\_\_\_\_  
 Signature X \_\_\_\_\_ Date

Application Approved By: \_\_\_\_\_  
 Print Name Title

Signature X \_\_\_\_\_ Date

### AGREEMENT

In this Membership Invitation "I" and "My" mean each and every person who signs on the reverse. "You" and "Your" mean UPS Employees Federal Credit Union. If I am not currently a member, I hereby make application for membership in UPS Employees Federal Credit Union. I understand I will be given access to TLC (your audio response system) (HFS) Home Financial Services (*Home Banking*). By signing on the reverse, I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth in Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Membership Invitation shall govern the Regular Share, the Checking Account, the VISA Debit Card, the TLC Audio Response Service, (HFS) Home Financial Services (*Home Banking*) and other accounts designated on the reverse. I authorize you to open other account(s) for me in person or via mail.

By signing on the reverse, I also authorize you to gather credit, checking account and employment information you consider appropriate at the point of membership and from time to time thereafter. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account and for making future credit opportunities available to me. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Membership Invitation and any other information you may receive.

#### Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institution to obtain, verify, and record information that identifies each person who opens an account.

What this means for Me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.


**PEACE OF MIND**

Your deposits are protected. All savings are insured by the National Credit Union Administration, a U.S. government agency, to at least \$250,000 for each member account.

Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government

NCUA

National Credit Union Administration, a U.S. Government Agency



EQUAL HOUSING  
LENDER

NOTE: This brochure is not a publication of the NCUA and is intended only to show examples of insurance coverage on accounts commonly held by depositors of this institution.