



MEMBERSHIP APPLICATION & AGREEMENT

3110-A Inland Empire Blvd., Ontario, CA 91764
Local: (909) 481-2805 • Toll-Free: (800) 287-7332
Fax: (909) 484-1167

Account Number	Employee I.D.
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Account Type(s):

<input type="checkbox"/> Regular Share	<input type="checkbox"/> Youth Share	<input type="checkbox"/> Payroll Share
<input type="checkbox"/> Summer Saver Club	<input type="checkbox"/> Christmas Club	<input type="checkbox"/> Share Draft
<input type="checkbox"/> Share Certificate; _____ (term)	<input type="checkbox"/> 1-Year Youth Share Certificate	

Account Ownership: Individual Joint POD UTMA Other _____

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

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

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Primary Member Information Member Other Specify: _____ Are You a Non-Resident Alien? Yes No

Eligibility	First Name	Last Name	M.I.	Suffix
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Home Telephone	Business Telephone	E-Mail Address	Birth Date	Mother's Maiden Name
Social Security Number	Driver's License Number/State/Issue Date/Exp. Date	Employer		

Joint Owner 1 Information Member Other Specify: _____ Are You a Non-Resident Alien? Yes No

Eligibility	First Name	Last Name	M.I.	Suffix
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Home Telephone	Business Telephone	E-Mail Address	Birth Date	Mother's Maiden Name
Social Security Number	Driver's License Number/State/Issue Date/Exp. Date	Employer		

Joint Owner 2 Information Member Other Specify: _____ Are You a Non-Resident Alien? Yes No

Eligibility	First Name	Last Name	M.I.	Suffix
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Home Telephone	Business Telephone	E-Mail Address	Birth Date	Mother's Maiden Name
Social Security Number	Driver's License Number/State/Issue Date/Exp. Date	Employer		

Payable-On-Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____	Address _____	SSN _____	% _____
Name _____	Address _____	SSN _____	% _____
Name _____	Address _____	SSN _____	% _____
Name _____	Address _____	SSN _____	% _____

VISA Debit Card/Teller Line Connection

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your checking account.

You would like:

VISA Debit Card Teller Line Connection – 4 Digit PIN ____ _

Name on Card 1: _____ Name on Card 2: _____

Name on Card 3: _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

UTMA Account

For UTMA (Uniform Transfers to Minors Act) Accounts, You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the California Uniform Transfers to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 18, under the Act.

Joint Owner 1 is named as custodian for the Primary Member under the California Uniform Transfers to Minors Act.

Designation of Successor Custodian. You appoint _____ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: 1) when and in the event of Your resignation, death, incompetence, or legal incapacitation; and 2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

Signature of Custodian

Signatures

You hereby apply for membership with UPS Employees Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of UPS Employees Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for UPS Employees Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicants (Primary Member) Signature _____ Date _____ Joint Owner #1 Signature _____ Date _____ Joint Owner #2 Signature _____ Date _____

Credit Union Use Only

Date of Membership: _____ Opened by: _____ Action: _____

____New Account ____New Savings ID ____Credit Report ____OFAC ____Checks Ordered ____ChexSystems ____Cards Ordered