

MEMBERSHIP APPLICATION

Please complete the entire form in ink (or type) and sign at bottom.

CREDIT UNION MEMBER NUMBER

Application Type: New Applicant Revision

ELIGIBILITY (subject to verification) I'm eligible to join CalCom Federal Credit Union because I am:

an employee of _____

a family/household member of _____

ACCOUNT INFORMATION			<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account	
Primary Owner Name		Social Security #		
Home Street Address		DOB	Driver's License # / State	
City	State	Zip	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Mother's Maiden Name		Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Employer		Occupation		
Email Address				
Joint Owner Name		Social Security #		
Home Street Address		DOB	Driver's License # / State	
City	State	Zip	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Mother's Maiden Name		Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Employer		Occupation		
Email Address				

Beneficiary(ies) in the event of my death, or if there is more than one owner of this account, in the event of the death of all the 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		Name of Beneficiary	
Designated Amount (%)	Social Security #	Designated Amount (%)	Social Security #
DOB	Phone	DOB	Phone
Address		Address	
City	State	City	State
Zip		Zip	

CHOOSE SERVICES REQUESTED

- Regular Share (Savings) Account \$ _____
- Share Draft (Checking) Account \$ _____
- Holiday/Vacation Club Account \$ _____
- Special Purpose Savings \$ _____
- Individual Retirement Account (IRA) \$ _____
- Term Share Certificate Account \$ _____
- Money Market Account \$ _____

[SEE REVERSE]

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION
My taxpayer identification number is (Social Security Number)

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Under penalty 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 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 or dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AGREEMENT

In this Membership Application, "I," "Me," and "My" mean each and every person who signs above. "You" and "Your" mean CalCom Federal Credit Union. If I am not currently a member, I hereby make the application for membership in CalCom Federal Credit Union. By signing above, I request access to the Phone Teller Audio Response System and Online Banking. 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 (if applicable), and the 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 Application shall govern the Regular Share, the Share Draft Checking Account, the ATM Card, the VISA® Debit Card, the Phone Teller Audio Response System, and other accounts designated by me on this form. I authorize you to open other account(s) for me in person or per my telephone request.

I authorize you to gather whatever credit, checking account and employment information 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 give information concerning your experience with me to others. I understand and agree that you may retain this Membership Application 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.

The CREDIT UNION's loss policy, adopted by the Board of Directors, allows for the suspension of Member privileges for any member who has caused a loss to the Credit Union. This suspension of privileges includes but is not limited to Share Draft Checking Account, ATM Card Services, Check Cashing Services, New Loans, and existing lines of credit.

ACKNOWLEDGEMENT AND SIGNATURE
[See below for signature verification requirements]

PRIMARY OWNER
RIGHT THUMBPRINT

I hereby make application for membership and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof of CALCOM 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 below.

NOTE: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

JOINT OWNER
RIGHT THUMBPRINT

PRIMARY OWNER SIGNATURE

DATE

JOINT OWNER SIGNATURE

DATE