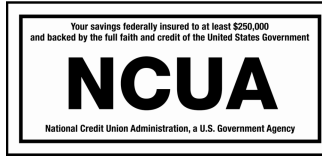




**SANTA ANA
FEDERAL CREDIT UNION**
800 W. SANTA ANA BLVD.
SANTA ANA, CALIFORNIA 92701
(714) 834-1341
Outside of the 714 area call: (800) 541-2546
www.safcu.org



Member Number

**MEMBERSHIP
INVITATION AND AGREEMENT**

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 institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to 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.

I have read and agree to be bound by the terms contained in the "Agreement" section on page 2.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Primary Owner Signature

Joint Owner Signature

Social Security Number

Social Security Number

Mother's Maiden Name

Mother's Maiden Name

1) MEMBER INFORMATION, BENEFICIARY AND ELIGIBILITY

Primary Owner Name			Joint Owner Name No. 1		
Home Phone ()	Work Phone ()	Cell Phone ()	Home Phone ()	Work Phone ()	Cell Phone ()
Home Address (street)			Home Address (street)		
(City, State, Zip)		E-mail	(City, State, Zip)		E-mail
Mailing Address (if different)			Mailing Address (if different)		
(City, State, Zip)			(City, State, Zip)		
Identification		Date of Birth	Identification		Date of Birth
Occupation		Employer	Occupation		Employer

BENEFICIARY(IES) 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 my/our beneficiary(ies) to receive all sums in my/our account established on this form:

Name of Beneficiary	Name of Beneficiary
Address of Beneficiary	Address of Beneficiary
City, State, Zip	City, State, Zip
Phone No. of Beneficiary	Phone No. of Beneficiary

I'm eligible to join Santa Ana Federal Credit Union (please check ALL that apply):

Referred by family member. Family member name:

Reside in City of Santa Ana:

Employed in the City of Santa Ana (Company name):

Attending school in Santa Ana (Location):

Employment (check one):

City of Santa Ana (Office location):

BAX Global Inc. (Office location):

Other (Company name):

2) CHOOSE SERVICE AND INDICATE INITIAL DEPOSIT

(Trust Accounts - please contact the Credit Union for separate cards.)

Primary Share Account: (\$5.00 minimum deposit) \$
Money Market Account (\$2,500.00 minimum deposit) \$
Holiday Club Account (\$5.00 minimum deposit) \$
Share Draft Checking Account (See "Share Draft Checking Overdraft Protection" in Section 3 below) \$
Convenience Checking (no minimum deposit) Basic Checking (no minimum deposit) Investment Checking (\$1,000 minimum deposit)
Alternative Savings Account, with option to personalize account name \$
(Account Name)

TOTAL ENCLOSED \$

3) SHARE DRAFT CHECKING OVERDRAFT PROTECTION

Checking Account overdrafts can be covered in several different ways. The VIP Line of Credit is subject to credit approval.

First from VIP Line of Credit, then from Primary Share Account First from Primary Share Account, then from VIP Line of Credit
From Primary Share Account Only From VIP Line of Credit Only No overdraft

4) VISA CHECK CARD / ATM CARD

ATM Card Additional card for First Joint Owner
VISA Check Card (must have Share Draft Checking Account) Additional card for First Joint Owner.

If I do not qualify for a VISA Check Card I will be reviewed for an ATM Card.

5) TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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

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 above and complete a W-8 BEN if you are not a U.S. person.

6) AGREEMENT

I hereby apply for membership at Santa Ana Federal Credit Union (SAFCU) with this application and certify that I qualify for membership based on the eligibility stated on page 1. I further understand that to continue my membership at SAFCU, I must maintain a SAFCU deposit account. 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 you in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. By signing on page 1, I am requesting access to my account through Home Banking and Teller Audio Response.

By signing on page 1, I acknowledge that I have received a copy, and agree to be bound by the Credit Union's Truth-In-Savings Disclosure and Electronic Services Disclosure and Agreement and that I have received a copy of the current Rate Sheet and Service Pricing form. I understand that any new account information will be verified. If received by mail, a disclosure will be forwarded to me within 20 days.

FOR CREDIT UNION USE ONLY . PRIMARY

VERIFICATION OF ID:

Documentary Method Used
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:
Signature: X Date:
Application Approved By (Print Name): Title:
Signature: X Date:

OFAC
Check Systems Record YES NO

FOR CREDIT UNION USE ONLY . JOINT NO. 1

VERIFICATION OF ID:

Documentary Method Used
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:
Signature: X Date:
Application Approved By (Print Name): Title:
Signature: X Date:

OFAC
Check Systems Record YES NO

ADDITIONAL JOINT OWNERS

Primary Member Number

FOR CREDIT UNION USE ONLY . JOINT 2

VERIFICATION OF ID:
 Documentary Method Used
 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: _____
 Signature: **X** _____ Date: _____
 Application Approved By (Print Name): _____ Title: _____
 Signature: **X** _____ Date: _____
 OFAC _____ Check Systems Record YES NO

Joint Owner SSN No. 2	Mother's Maiden Name	
Joint Owner Name No. 2		
Home Phone () () ()	Work Phone () () ()	Cell Phone () () ()
Home Address (street)		
(City, State, Zip)		E-mail
Mailing Address (if different)		
(City, State, Zip)		
Identification	Date of Birth	
Occupation	Employer	

FOR CREDIT UNION USE ONLY . JOINT 3

VERIFICATION OF ID:
 Documentary Method Used
 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: _____
 Signature: **X** _____ Date: _____
 Application Approved By (Print Name): _____ Title: _____
 Signature: **X** _____ Date: _____
 OFAC _____ Check Systems Record YES NO

Joint Owner SSN No. 3	Mother's Maiden Name	
Joint Owner Name No. 3		
Home Phone () () ()	Work Phone () () ()	Cell Phone () () ()
Home Address (street)		
(City, State, Zip)		E-mail
Mailing Address (if different)		
(City, State, Zip)		
Identification	Date of Birth	
Occupation	Employer	

FOR CREDIT UNION USE ONLY . JOINT 4

VERIFICATION OF ID:
 Documentary Method Used
 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: _____
 Signature: **X** _____ Date: _____
 Application Approved By (Print Name): _____ Title: _____
 Signature: **X** _____ Date: _____
 OFAC _____ Check Systems Record YES NO

Joint Owner SSN No. 4	Mother's Maiden Name	
Joint Owner Name No. 4		
Home Phone () () ()	Work Phone () () ()	Cell Phone () () ()
Home Address (street)		
(City, State, Zip)		E-mail
Mailing Address (if different)		
(City, State, Zip)		
Identification	Date of Birth	
Occupation	Employer	

 Primary Owner Name

 Primary Owner Signature Date

 Signature Joint Owner No. 2 Date

 Signature Joint Owner No. 3 Date

 Signature Joint Owner No. 4 Date