

Instructions:

1. Print this Signature Card.
2. Fill out the form.
3. Stop by the Credit Union and see any of our Financial Services Representatives.

If you have any questions, contact us at (714) 834-1341 / (800) 541-2546.

Don't forget to bring a valid ID.

REGULAR SHARE AND CHECKING ACCOUNT SIGNATURE CARD			
I hereby make application for membership in and agree to conform to the By-Laws or any amendments thereof in the Santa Ana Federal Credit Union.			
In addition to the Regular Share Account, I am also requesting:		INITIAL	DATE
<input type="checkbox"/>	A Checking Account (ownership same as indicated on Regular Share Account)*	_____	_____
<input type="checkbox"/>	An ATM Card (must be approved for line of credit loan)*	_____	_____
<input type="checkbox"/>	VSP Teller Audio Response	_____	_____
* SEE THE SCHEDULE OF FEES AND CHARGES THAT RELATE TO THESE SERVICES			
My qualification for membership is: (Check One):			
<input type="checkbox"/>	By sponsoring organization _____ <small>(Name of Organization)</small>		
<input type="checkbox"/>	Immediate family member of _____ <small>(Name, Relationship - Please Print)</small>		
SECTION 1 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER			
PART I.	Taxpayer Identification Number	Social Security Number	PART II. For Payees Exempt From Backup Withholding (See Instructions)
OR		Employer Identification Number	
Enter the taxpayer identification number in the appropriate box. For most individual taxpayers, this is the Social Security Number .			
CERTIFICATION. - Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Taxpayer Identification Number and both my name and number are the same as are on file with the Social Security Administration, and (2) I am not subject to backup withholding either because 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 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 have 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.			
Member's Signature X _____		Date _____	
SANTA ANA FEDERAL CREDIT UNION			
OWNERS ACCOUNT SHALL BE: (Check One Box and Complete Sections Indicated)			
<input type="checkbox"/>	Individual Account - Section 1 - 2	<input type="checkbox"/>	Joint Account - Section 1 - 2 - 3
<input type="checkbox"/>	Individual Account with Pay-on-Death Beneficiaries Section 1 - 2 - 4	<input type="checkbox"/>	Joint Account with Pay-On-Death Beneficiaries - Section 1 - 2 - 3 - 4
SECTION 2 REGULAR SHARE ACCOUNT (PLEASE PRINT)			
Name _____			
Address _____		City _____	State _____ Zip Code: _____
Birthdate _____	Mother's Maiden Name _____	() Home Phone ()	
Employer _____	Driver's License No. _____	Business Phone ()	
By signing below and/or on reverse hereof, I agree that this account shall be governed by terms and conditions set forth on this side (front) and on the reverse side of this card. I also acknowledge receipt of and agree to the terms of the Truth-In-Savings Disclosure and Electronic Services Disclosure and Agreement. 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.			
Member's Signature X _____		Date _____	
(CREDIT UNION USE ONLY)			
Approved By (Signature of Membership Officer) _____		Date _____	
		<small>211209-203</small>	

JOINT OWNERSHIP AND PAY-ON-DEATH (POD) AGREEMENT(S)

The member (Section 2) and joint owners (Section 3), if any, agree(s) with the Santa Ana Federal Credit Union that this account shall be governed by the Bylaws, rules, regulations and practices of said Credit Union and shall be subject to any and all charges or dividend rates now or hereafter established.

Where Section 3 shows joint owners, they agree with each other and the Credit Union that all shares paid in by them shall be owned with right of survivorship.

It is further agreed that all sums heretofore or hereafter added to such share account established pursuant to this agreement, and all dividends paid or credited thereon, shall be held by the member or joint owners in trust for the beneficiary(ies) named, subject to the right of the joint owners or any one of them, to revoke the same in whole or in part by and to the extent of the withdrawal of sums from the Credit Union account established hereby.

Upon the death of the member (if no joint owner), or upon the death of the last surviving joint owner, the balance remaining in the account shall be distributed by the Credit Union to the Beneficiary or, if there is more than one beneficiary, then to the beneficiaries then living in equal shares. If there are no beneficiaries surviving, then the balance remaining in the account shall be distributed by the Credit Union to the estate of the person whose death terminates this account.

Any joint owner appearing on this account and acting alone may make withdrawals or pledge any and all shares against loans. In the event of conflicting demands for funds in this account, the Credit Union may require the signatures of all undersigned joint owners. Payment of any shares to a joint owner by the Credit Union shall be valid and discharge the Credit Union from any liability for such payment.

The undersigned further agree that insurance proceeds, if any, payable by reason of life insurance benefits for this account, shall be added to this account and paid to the survivor(s); or if there is no survivor(s), then it shall be payable to the beneficiary(ies) named herein in equal shares, which persons, (the survivor(s), or if none, the beneficiaries) are hereby designated as beneficiary(ies) of such insurance.

All joint owners agree to keep the Credit Union informed of any change(s) in their addresses or the addresses of the beneficiary(ies).

SECTION 3 JOINT OWNER(S)

Member: Name _____ Signature *X* _____

Joint Owner: Name _____ Signature *X* _____

Birthdate _____ So. Sec. No. _____ Driver's License # _____

Address _____

Joint Owner: Name _____ Signature *X* _____

Birthdate _____ So. Sec. No. _____ Driver's License # _____

Address _____

SECTION 4 DESIGNATED BENEFICIARY(IES)

Name _____ Birthdate: _____ Relationship: _____

Address _____

Name _____ Birthdate: _____ Relationship: _____

Address _____

Name _____ Birthdate: _____ Relationship: _____

Address _____