



# MASTER ACCOUNT SIGNATURE CARD

### Accounts/Services Requested:

- I authorize LAFFCU to establish the following accounts/services:
- Primary Savings/Youth Savings (Required)
  - Checking \_\_\_\_\_ (type)
  - Other \_\_\_\_\_ (type)
  - Other \_\_\_\_\_ (type)
  - ATM/VISA Debit Card
  - TouchTeller & anytimeBanking

*To be filled in by Credit Union*

**Member Name (last name, first name)** \_\_\_\_\_ **Account Number** \_\_\_\_\_

New Account  Name Change/Info Update  Add Service/Delete Service  Change Joint/Beneficiary

**Account Ownership:**  Individual  Joint  With Pay-On-Death Provision

Member Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_

Joint Name (1) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_

Joint Name (2) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_

**Membership Qualification:**

Community \_\_\_\_\_  
 Employer \_\_\_\_\_ Employee # \_\_\_\_\_ Department # \_\_\_\_\_  
 Family Member Of \_\_\_\_\_ Relationship \_\_\_\_\_ Account # \_\_\_\_\_

**OVERDRAFT PROTECTION**  YES  NO  
 Checking overdrafts will be covered by a transfer from Share(s)/Loan listed below.  
 Select # order by placing 1, 2, 3, or N/A.  
 # \_\_\_\_\_ Primary Savings ID# \_\_\_\_\_  
 # \_\_\_\_\_ Line of Credit ID# \_\_\_\_\_  
 # \_\_\_\_\_ ID# \_\_\_\_\_

### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

<b>PART I. – Taxpayer Identification Number</b>	<b>PART II. – Backup Withholding On Accounts Opened After 12/31/83</b>	Right Thumb Print ID
Enter the taxpayer identification number in the appropriate box. For most individual taxpayers, this is the social security number.  Taxpayer Identification Number _____	Check the box if you are NOT subject to backup withholding under the provisions of section 3405(a)(1)(C) of the Internal Revenue Code .. <input type="checkbox"/>	

### BENEFICIARY INFORMATION

Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_  
 Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_

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), and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**AUTHORIZATION:** - By signing below, I/we agree to the terms and conditions of the Account Agreement, Truth-In-Savings Disclosure, Schedule of Fees and Charges and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I hereby submit my application for membership in L.A. Financial Federal Credit Union. Each applicant for membership certifies that he or she is within the Credit Union's field of membership. I/we authorize the use of credit checks, depository history information and verification of employment. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card (e.g. ATM/Debit Card) or EFT service (e.g. Audio Response) is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Services Disclosure and Agreement. Each authorized owner must sign.

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.

### FOR CREDIT UNION USE ONLY:

LAFFCU Memb. Officer \_\_\_\_\_ Date \_\_\_\_\_

### SIGNATURES

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Signature (1) \_\_\_\_\_ Date \_\_\_\_\_  
**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Signature (2) \_\_\_\_\_ Date \_\_\_\_\_

Type of Share	Share ID #	Date Opened	Initial	Date Closed	Initial