

Preferred Partners Pack—Application



I am: A new Member Making a change to my current account Upgrading to Preferred Partners Pack

To take advantage of Preferred Partners Pack benefits, please complete the application below and sign up for a savings account with a \$10 minimum opening deposit.

PLEASE SIGN ME UP FOR:

- | | | |
|---|---|---|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Summer Saver | <input type="checkbox"/> Online Banking |
| <input type="checkbox"/> FREE Checking with eStatements | <input type="checkbox"/> Holiday Saver | <input type="checkbox"/> Mobile Banking |
| <input type="checkbox"/> VISA® Debit Card | <input type="checkbox"/> Certificate/Access Certificate | <input type="checkbox"/> Money Market |

Primary Member Information				Joint Owner Information			
Primary Member Name (print)		Social Security #		Joint Member Name (print)		Social Security #	
Physical Address	City	State	Zip	Physical Address	City	State	Zip
Mailing Address (if different)	City	State	Zip	Mailing Address (if different)	City	State	Zip
Home Phone	Business Phone	Cell Phone		Home Phone	Business Phone	Cell Phone	
Date of Birth	Driver's License # / ID #	Mother's Maiden Name		Date of Birth	Driver's License # / ID #	Mother's Maiden Name	
Employer		Current Position		Employer		Current Position	
Email Address		Length of Employment		Email Address		Length of Employment	

Joint Owner Information				Joint Owner Information			
Joint Member Name (print)		Social Security #		Joint Member Name (print)		Social Security #	
Physical Address	City	State	Zip	Physical Address	City	State	Zip
Mailing Address (if different)	City	State	Zip	Mailing Address (if different)	City	State	Zip
Home Phone	Business Phone	Cell Phone		Home Phone	Business Phone	Cell Phone	
Date of Birth	Driver's License # / ID #	Mother's Maiden Name		Date of Birth	Driver's License # / ID #	Mother's Maiden Name	
Employer		Current Position		Employer		Current Position	
Email Address		Length of Employment		Email Address		Length of Employment	

Designation of Beneficiary (Pay-on-Death Payee)

In the event of my death and all other joint owners predecease me, I hereby designate the person(s)* whose name appears below as my beneficiary to receive any and all amounts in this account.

Name of Beneficiary 1	Relationship to Member	Address	City	State	Zip
Name of Beneficiary 2	Relationship to Member	Address	City	State	Zip
Name of Beneficiary 3	Relationship to Member	Address	City	State	Zip
Name of Beneficiary 4	Relationship to Member	Address	City	State	Zip

*If more than one Beneficiary is named, amounts will be divided equally among all Beneficiaries. New Account #

PLEASE COMPLETE PAGE 2 → →

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REQUEST FOR ADDITIONAL INFORMATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Direct Deposit/Payroll Deduction
(if available through your employer) | <input type="checkbox"/> Individual Retirement Account (IRA) | <input type="checkbox"/> Mortgage Loan |
| <input type="checkbox"/> VISA® Credit Card | <input type="checkbox"/> Investment Services | <input type="checkbox"/> HELOC/Home Equity Loan |
| | <input type="checkbox"/> Real Estate Loan | <input type="checkbox"/> Commercial Property Loan |

Overdraft Protection

Checking account overdrafts will be covered by a transfer* from (you may choose from a Savings, Checking, Money Market or Line of Credit account).

***NOTE:** Regulation D limits the number of withdrawals on non-transaction accounts each month. A maximum total of six (6) pre-authorized share transfers may occur during a calendar month. If no funds are available, we may cover your transaction using CU SoCal Courtesy Pay Service. A fee may be charged for this service. If no funds are available, item(s) will be returned unpaid.

1.	FROM Account #	TO Account #	Account ID	Loan ID
2.	FROM Account #	TO Account #	Account ID	Loan ID
3.	FROM Account #	TO Account #	Account ID	Loan ID
4.	FROM Account #	TO Account #	Account ID	Loan ID

Overdraft options will also apply to electronic (ACH) transactions.

Member/Joint Owner Signature

I hereby apply for Membership in Credit Union of Southern California (CU SoCal). By signing below, I acknowledge that I have received a copy of CU SoCal's Truth-in-Savings Disclosure and agree to be bound by its by-laws and any amendments thereto. I acknowledge that I have received a copy of the current Schedule of Fees. I authorize CU SoCal to obtain credit reports in connection with this account and any future credit opportunities. I authorize CU SoCal to open other accounts for me in person, as instructed in writing or per my telephone request.

I certify under penalties of perjury that (1) the Social Security Number or Employer Identification Number above is my correct tax identification number, (2) I am NOT subject to backup withholding because (a) I am exempt, or (b) I have not been notified 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). You must 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 or dividends on your tax return. The IRS does not require your consent to any provisions of this document other than the certifications to avoid backup withholding.

<u>X</u> Member Signature	<u>X</u> Joint Owner Signature	Date
<u>X</u> Joint Owner Signature	<u>X</u> Joint Owner Signature	Date



Bring completed form, \$10 minimum opening deposit, and a copy of your driver's license or state ID for primary and joint owners to the nearest branch or place required documents in an envelope and mail to:

CU SoCal
Attn: Business Development
P.O. Box 200
Whittier, CA 90608-0200

Internal Use Only

Membership approved by	Date	Signature	User ID	New Account Number
ID Issue Date	Exp. Date	Membership Officer Initials		