



101 S. Barranca Ave. Covina, CA 91723

800.347.CCCU • F:626.915.1370 • info@myCCCU.com • myCCCU.com

Member information

| | | | | | |
|---|----------------------|---------------|----------------|--|----------|
| First Name | Middle Initial | Last Name | Account Number | Street Address (Include unit number. No P.O. Boxes.) | |
| Social Security Number* | | Date of Birth | City | State | Zip Code |
| Driver's License Number (if applicable) | | State Issued | Exp. Date | Billing/Mailing Address (if different) | |
| Occupation | Mother's Maiden Name | | City | State | Zip Code |
| Home Phone | Work Phone | Mobile Phone | Email Address | | |

Joint Owner Information (optional)

| JOINT OWNER #1 | | | JOINT OWNER #2 | | |
|--|----------------|---------------|--|----------------|---------------|
| First Name | Middle Initial | Last Name | First Name | Middle Initial | Last Name |
| Social Security Number | | Date of Birth | Social Security Number | | Date of Birth |
| Street Address (Include unit number. No P.O. Boxes.) | | | Street Address (Include unit number. No P.O. Boxes.) | | |
| City | State | Zip Code | City | State | Zip Code |
| Home Phone | Work Phone | Mobile Phone | Home Phone | Work Phone | Mobile Phone |
| Driver's License Number (if applicable) | State Issued | Exp. Date | Driver's License Number (if applicable) | State Issued | Exp. Date |
| Mother's Maiden Name | | Email Address | Mother's Maiden Name | | Email Address |
| Occupation | | | Occupation | | |

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 owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established.

| | | | |
|--|--|---------------|----------|
| Name/Organization - BENEFICIARY #1 | Social Security Number (if applicable) | Date of Birth | |
| Street Address (Include unit number. No P.O. Boxes.) | City | State | Zip Code |
| Name/Organization - BENEFICIARY #2 | Social Security Number (if applicable) | Date of Birth | |
| Street Address (Include unit number. No P.O. Boxes.) | City | State | Zip Code |

Account Agreement

I hereby apply for membership in CCCU with this application: I certify that I qualify for membership based on my membership application. I understand that any new account information will be verified. I understand that to continue my membership in CCCU, I must maintain a CCCU deposit, loan or credit card account. By signing this application, I/we authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I/we understand that this will assist, in determining eligibility for products and services offered by CCCU.

Receipt of Truth-In-Savings Disclosure: By signing this application, I/we acknowledge that I have received a copy of the Fee Schedule, Privacy Notice and the brochure "About your Credit Union Accounts" containing the Truth-In-Savings Disclosures. I/We agree to be bound by the terms and conditions of the Credit Union's Accounts Agreement(s) and any amendments thereto. If I/we are not present at the credit union when the account is opened, the credit union will mail the above Disclosures and Fee Schedule to me within twenty days after the account is opened.

Deposit Insurance Disclosure: By signing this application I/we acknowledge that Christian Community Credit Union (CCCU) is privately insured by American Share Insurance up to \$250,000 per account. CCCU is not federally insured and if CCCU fails, the federal Government does not guaranty that depositors will get back their money. Accounts with CCCU are not insured by any state government.

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 for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Agreement: By signing this application, I and my joint owner(s), if any, understand and agree that this application shall govern all accounts opened with the same ownership as set forth on this application. I agree that under this account number, I or my joint owner(s) will have the option of opening additional deposit accounts verbally or in writing in the future. I agree that different ownership interests will require the opening of a separate account number and the execution of an additional application.

| | |
|--|------|
| Member Signature | Date |
| <u>X</u> | |
| Joint Owner Signature #1 (if applicable) | Date |
| <u>X</u> | |
| Joint Owner Signature #2 (if applicable) | Date |
| <u>X</u> | |

Substitute W-9 Certification: Under penalties of perjury, I certify that (1)The number on this form is my correct taxpayer identification number (TIN), generally known as my Social Security Number, (2) I am not subject to backup withholding due to failure to report interest and dividend income, (3) I am a U.S. citizen or other U.S. person (including U.S. resident alien). **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

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

| | |
|------------------|------|
| Member Signature | Date |
| <u>X</u> | |