



Membership Application

Internal Use Only:

Account # _____

Primary Member Name _____

New Member

Individual Account Joint Account

Thank you for your interest in becoming a member of TCFCU. Please complete and sign the application below and mail your application to: Tulare County Federal Credit Union 300 North K Street, Tulare CA 93274 or fax to 559-684-0683. Once your application is received and processed, one of our Call Center Representative will call to set up an appointment to complete your account.

Primary Member

_____ Last Name	_____ First Name	_____ MI	_____ Social Security #	_____ Date of Birth	_____ Mother's Maiden Name
_____ Address		_____ City	_____ State	_____ ZIP	
_____ Home Phone	_____ Cell Phone	_____ Email Address		_____ Drivers License State, Number & Exp. Date	
_____ Employer		_____ Position		_____ Business Phone	

Joint Member

_____ Last Name	_____ First Name	_____ MI	_____ Social Security #	_____ Date of Birth	_____ Mother's Maiden Name
_____ Address		_____ City	_____ State	_____ ZIP	
_____ Home Phone	_____ Cell Phone	_____ Email Address		_____ Drivers License State, Number & Exp. Date	
_____ Employer		_____ Position		_____ Business Phone	

Designation of Beneficiary (Pay-on-Death Payee)

Shares Beneficiary

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

_____ Name of Primary Member Beneficiary	_____ Address	_____ Phone Number
_____ Name of Joint Member Beneficiary	_____ Address	_____ Phone Number

Overdraft Protection

YES NO Share Draft Account overdrafts will be covered by a transfer from:

Share Account # _____ Share Account # _____ Loan Suffix _____

US PATRIOT Act Notice:

When you open an account we will ask you for information and identifying documents. We appreciate your understanding and cooperation. 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. This means that when you open an account, we will ask for your name, address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We may use outside sources to confirm the information you provide us.

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER:

Certification: Under penalties of perjury I certify that:

- The number shown on this form is my correct Social Security Number/Tax Identification Number, and
- 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
- I am a U.S. person (including a U.S. resident alien).

Certification Instructions: 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 and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE

By signing below I/we acknowledge that I /we have received a copy of the Credit Union's Truth-in-Savings Disclosure ('Disclosure') and that I/we have received a copy of the current Rate and Fee Schedule. All of the terms, conditions and information contained in the disclosure and any amendments thereto ('Application') are by this reference incorporated in their entirety into this membership application and account agreement ('Application'). I/we agree to pay the Credit Union all of its costs and reasonable attorneys' fees, including all collection costs, litigation costs, skip-tracing fees, and outside fees incurred while enforcing its rights under this Agreement. I/we authorize the Credit Union to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I/we agree to be bound by the terms and condition of the Disclosure and Application. I/we understand that the Credit Union may verify all information I/we have given on the Application. I/we hereby give my consent for you and others acting on your behalf to contact me at any telephone number (including any wireless phone or VoIP number) I give to you or you obtain from any other source using any calling or texting technology (including any automatic telephone dialing system, artificial voice or prerecorded voice) regarding this account or any other relationship I now or later have with you. I have not provided and I agree I will not provide to you any telephone number unless I am the subscriber to the service or the customary user of the telephone to which that number relates unless I tell you in writing. I agree that if I agree I will not provide this authorization I will do so in a way that is likely to provide you with notice in time to process that revocation before you make any further call or send any further texts, such as by using one of the methods set forth on the Credit Union Website.

_____ Member Signature	_____ Date	_____ Joint Owner Signature	_____ Date
---------------------------	---------------	--------------------------------	---------------

Internal Use Only:

Account Type: _____	CIP verified by: _____	Approved by: _____
Account Type: _____	_____	_____
Account Type: _____	FSR _____	Membership Officer _____
	_____	_____
	_____	_____
	_____	_____