| Account Number(Credit Union Use Only) | Name (Please Print) |
|---|---|
| | |

I hereby make application for membership in and agree to conform to the By-Laws or any amendments thereof in the **FEDERAL EMPLOYEES WEST FEDERAL CREDIT UNION**.

## REGULAR SHARE ACCOUNT SIGNATURE CARD

My qualification for membership is: (Check One):

☐ By sponsoring organization ☐ Family member of _____
(Name, Relationship - Please Print)

OWNERS ACCOUNT SHALL BE: (Check One Box and Complete Sections Indicated)

☐ Individual Account - **Section 1 - 2**
☐ Individual Account with Pay-on-Death Beneficiaries **Section 1 - 2 - 4**
☐ Joint Account - **Section 1 - 2 - 3**
☐ Joint Account with Pay-on-Death Beneficiaries **Section 1 - 2 - 3 - 4**

### SECTION 1

Address _____ City _____ Zip Code: _____

Birthdate _____ Mother's Maiden Name _____ Business Phone ( )

Employer/SSA Office _____ Driver's License No. _____ Home Phone ( )

By signing below and/or on attached hereof, owner(s) agree that this account shall be governed by terms and conditions set forth on this side and on the right of this card. Owner(s) acknowledge receipt of and agree to the terms of the Truth-In-Savings Disclosure a copy of which owner(s) have received. I authorize the Credit Union to contact and inquire of my references, my spouse/joint applicant, and my employer(s), past, present, and future, to verify any information shown on this application, and to obtain consumer reports on me. I authorize the Credit Union to furnish information concerning my account and my payment history with the Credit Union to the credit reporting agencies.

X _____ Date _____
Member's Signature

X _____ Date _____
Joint Owner's Signature

### SECTION 2 — REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

**PART I.** Taxpayer Identification Number

Enter the taxpayer identification number in the appropriate box. For most individual taxpayers, this is the **Social Security Number.**

Social Security Number

**OR**

Employer Identification Number

**PART II.** For Payees Exempt From Backup Withholding (See Instructions)

**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.

X _____ Date _____
Member's Signature

_____ Date _____
Approved By (Signature of Membership Officer - Credit Union Use Only)

FEW FCU 211319-203

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

The member (Section 1) and joint owners (Section 3), if any, agree(s) with the Federal Employees West 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.

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 OWNERS *(Please Print)*

Primary Member: Name _____ Signature X _____

Joint Owner: Name _____ Signature X _____
Date _____ Soc. Sec. No. _____ Address _____

Joint Owner: Name _____ Signature X _____
Date _____ Soc. Sec. No. _____ Address _____

### SECTION 4 — DESIGNATED BENEFICIARY(IES)

Name _____ Birthdate: _____ Relationship: _____
Address _____

Name _____ Birthdate: _____ Relationship: _____
Address _____

Name _____ Birthdate: _____ Relationship: _____
Address _____