



I'm eligible to join SCE FCU because:

- I'm an employee of \_\_\_\_\_
- I live, work, worship or support a charitable organization in an eligible community
- I'm a relative of \_\_\_\_\_

# MEMBERSHIP APPLICATION

MEMBER / OWNER				
Name (Last, First, MI)				
Social Security Number		Date of Birth	Mother's Maiden Name	
Address				
City		State	Zip	
Home Phone	Cell Phone	Own/Rent	# of Years	
eMail Address				
Driver's License Number		State	Exp. Date	
Employer Name			Hire Date	
Address				
City		State	Zip	
Work Phone		Occupation	Gross Monthly Income	

JOINT OWNER				
Name (Last, First, MI)				Relationship to Owner
Social Security Number		Date of Birth	Mother's Maiden Name	
Address				
City		State	Zip	
Home Phone	Cell Phone	Own/Rent	# of Years	
eMail Address				
Driver's License Number		State	Exp. Date	
Employer Name			Hire Date	
Address				
City		State	Zip	
Work Phone		Occupation	Gross Monthly Income	

### 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 my/our accounts established on this form.

Name of Beneficiary			Name of Beneficiary		
Address			Address		
City	State	Zip	City	State	Zip
Social Security Number		Date of Birth	Social Security Number		Date of Birth
Relationship to Primary Owner			Relationship to Primary Owner		

### Please open the following accounts and/or services (indicated deposit amount by account):

Savings/Non-Dividend Savings (required) \$ \_\_\_\_\_
  Free Checking \$ \_\_\_\_\_
  Dividend Checking \$ \_\_\_\_\_
  ATM / Debit Card
  Online Services

Money Market \$ \_\_\_\_\_
  IRA Account\* \$ \_\_\_\_\_
  Certificate \$ \_\_\_\_\_ Term \_\_\_\_\_
  Other \_\_\_\_\_ \$ \_\_\_\_\_

Loan amount requested \$ \_\_\_\_\_ Type \_\_\_\_\_ Term \_\_\_\_\_
  Other \_\_\_\_\_ \$ \_\_\_\_\_

Please contact me for more information regarding: \_\_\_\_\_ \*Additional forms required

By signing below, I/we authorize you to gather credit, checking account and employment information you consider appropriate at the point of membership and from time to time thereafter. I/we understand that this will assist, for example, in determining my/our initial and ongoing eligibility for an account and for making future credit opportunities available to me/us. I/we authorize you to give information concerning your experience with me/us to others. I/we understand and agree that you may retain this Membership Application and any other information you may receive. I/we authorize you to obtain information from the California Department of Motor Vehicles [DMV] as needed in relation to transaction(s) I perform with you. I/we authorize you to open other account(s) for me in person or per my/our telephone request.

Member / Owner is a : (please check one)  U.S. Citizen  Resident Alien  Non-Resident Alien

Joint Owner is a: (please check one)  U.S. Citizen  Resident Alien  Non-Resident Alien

Instructions: In the statement below, cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Cross out item 3 below and complete a W-8 BEN if you are not a U.S. person.

**TIN Certification and Backup Withholding Information** - 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).

Check this box if you do not have a Social Security Number.

Please include copies of driver's licenses or state-issued ID cards for all account holders, in addition to your opening deposit.

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 \_\_\_\_\_ Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

<p style="text-align: center;"><b>Members:</b></p> <p style="text-align: center;"><b>Provide copy of valid driver's license or state-issued ID card (for all owners)</b></p> <p> <input type="checkbox"/> <b>New</b>  <input type="checkbox"/> <b>Update</b> </p> <p> <input type="checkbox"/> Adding Joint / Beneficiary  <input type="checkbox"/> Name Change  <input type="checkbox"/> New Service Agreement                 </p>	<p style="text-align: center;"><b>OFFICIAL USE ONLY</b></p> <p>Opened by / Operator # _____</p> <p> <input type="checkbox"/> Disclosures <input type="checkbox"/> Chex Systems / OFAC <input type="checkbox"/> Open End Plan  <input type="checkbox"/> Welcome Letter / Touché <input type="checkbox"/> Credit Report <input type="checkbox"/> ATM / Debit  <input type="checkbox"/> ID Documented <input type="checkbox"/> Foundation Donation                 </p> <p>By _____ On _____</p>
--	---