



**TULARE COUNTY FEDERAL CREDIT UNION
MEMBERSHIP APPLICATION**

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.

INTERNAL USE ONLY:

Account Number: _____ Primary Member Name: _____

- New Member*
 Individual Account *Joint Account*

Primary Member

 (Last Name) (First) (MI) (Social Security No.) (Date of Birth) (Mother's Maiden Name)

 (Address) (City) (State) (Zip)

 (Home Phone) (Cell Phone) (E-mail Address) (Drivers License State, Number & Exp. Date)

 (Employer) (Position) (Business Phone)

Joint Member

 (Last Name) (First) (MI) (Social Security No.) (Date of Birth) (Mother's Maiden Name)

 (Address) (City) (State) (Zip)

 (Home Phone) (Cell Phone) (E-mail 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)

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 NO.:

Certification: Under penalties of perjury I certify that:

1. The number shown on this form is my correct Social Security Number/Tax Identification Number, **and**
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).

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.

Important Information About Opening a New Account

I hereby make application for membership in and agree to conform to the By-Laws (as amended) of Tulare County Federal Credit Union.

By signing below, I acknowledge that I will receive a copy of the Credit Union's Truth-In-Savings Disclosure ("Disclosure") and a copy of the current Rate and Fee Schedule in the mail. All 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 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 agree to be bound by the terms and conditions of the Disclosure and Application. I understand that the Credit Union may verify all information I have given on the Application.

X _____ X _____
 (Member Signature) (Date) (Joint Owner Signature) (Date)

INTERNAL USE ONLY:

Chex Systems Inquire done on: Primary Joint Joint
ID verified on: Primary Joint Joint
OFAC verified on: Primary Joint Joint

Account Agreement and Disclosures provided:
 Rates and Fee Schedule Provided:

(Employee Name – Print) (Initials) (Date)

(Membership Officer – Print) (Initials) (Date)