

### IMPORTANT: Customer Identification Program Information

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 Me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You will also ask to see my driver's license or other identifying documents.

#### I'M JOINING AS: (subject to verification)

an employee of \_\_\_\_\_

a family/household member of \_\_\_\_\_

#### PRIMARY ACCOUNT OWNER INFORMATION:

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Social Security Number Mother's Maiden Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cell Phone Number Work Phone Number and Extension

\_\_\_\_\_  
Driver's License # State Exp. Date Date of Birth

\_\_\_\_\_  
Primary Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Employer Occupation

#### I'M APPLYING FOR:

- Savings (required with membership; \$1 minimum to open)
- Checking  Holiday/Vacation Club Account  Special Purpose Savings
- IRA  CD Account  Money Market Account  Grizzlies Club Account

#### JOINT ACCOUNT OWNER INFORMATION:

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Social Security Number Mother's Maiden Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cell Phone Number Work Phone Number and Extension

\_\_\_\_\_  
Driver's License # State Exp. Date Date of Birth

\_\_\_\_\_  
Primary Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Employer Occupation

#### PAY ON DEATH PROVISION (BENEFICIARIES)

In the event of a death, or if there is more than one owner of this account, in the event of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this application.

\_\_\_\_\_  
Last Name First Name Middle Initial Relationship Date of Birth

\_\_\_\_\_  
Social Security Number: Contact Number %

I'd like to add more beneficiaries to my account.

#### 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).

Social Security Number:    -   -

#### DISCLOSURE

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, and any amendment thereof, of CalCom Federal Credit Union. I acknowledge receipt of the Account Agreement, Disclosure for Electronic Services, Truth-in-Savings, and the Fee Schedule and agree to be bound by their terms. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Account Agreement. In this Membership Application "I", "Me" and "My" mean each and every person who signs this application. "You" and "Your" mean CalCom Federal Credit Union. If I am not currently a member, I hereby make application for membership in CalCom Federal Credit Union. By signing below, I request access to the CalCom-By-Phone and Calcom-Online Systems. I agree to receive text communication from the credit union. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth-in-Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Membership Application shall govern the Regular Share, the Checking Account, the CalCom Debit Visa and the CalCom-By-Phone and CalCom- Online Systems and other accounts designated by me. I authorize you to open other account(s) for me in person or per my telephone request. I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Signature Card and any other information you may receive.

\_\_\_\_\_  
Member Signature Date

\_\_\_\_\_  
Joint Member Signature Date

#### ACCOUNT NUMBER (Credit Union Use Only)

\_\_\_\_\_

FSR Initial: \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_