



5901 East 7th Street
Long Beach, CA 90822
(562) 498-1250

MEMBERSHIP APPLICATION & AGREEMENT

Account Type(s):	<input type="checkbox"/> Savings	<input type="checkbox"/> Access Checking	<input type="checkbox"/> Relationship Checking	<input type="checkbox"/> Money Market
	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> IRA	<input type="checkbox"/> Vacation Club	<input type="checkbox"/> Christmas Club
Account Ownership:	<input type="checkbox"/> Individual Account	<input type="checkbox"/> Individual Account with POD	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Joint Account	<input type="checkbox"/> Joint Account with POD		

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

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 You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Primary Owner Information

Member Trust Other Specify _____ Are You a Non-Resident Alien Yes No

Membership Eligibility (check the box(es) that apply)					<input type="checkbox"/> Qualifying family member of a preceding selection
<input type="checkbox"/> VISN22 Employee	<input type="checkbox"/> VISN22 Retiree	<input type="checkbox"/> VISN22 Volunteer	If eligible through a family member, include family member's name _____		
Name: Prefix - Optional (Mr., Ms., Mrs.)	First	Last	M.I.	Suffix	
Physical Address		Apt/Box	City	State	Zip
Mailing Address (if different)		Apt/Box	City	State	Zip
Home Telephone	Cellular Telephone	Business Telephone	E-Mail Address		Birth Date
Social Security Number	Driver's License Number/State/Exp. Date	Employer	Occupation	Mother's Maiden Name	

Additional Signer 1 Information

Joint Owner Trustee Other Specify _____ Relationship to Member: _____

Name: Prefix - Optional (Mr., Ms., Mrs.)	First	Last	M.I.	Suffix	
Physical Address		Apt/Box	City	State	Zip
Mailing Address (if different)		Apt/Box	City	State	Zip
Home Telephone	Cellular Telephone	Business Telephone	E-Mail Address		Birth Date
Social Security Number	Driver's License Number/State/Exp. Date	Employer	Occupation	Mother's Maiden Name	

Additional Signer 2 Information

Joint Owner Trustee Other Specify _____ Relationship to Member: _____

Name: Prefix - Optional (Mr., Ms., Mrs.)	First	Last	M.I.	Suffix	
Physical Address		Apt/Box	City	State	Zip
Mailing Address (if different)		Apt/Box	City	State	Zip
Home Telephone	Cellular Telephone	Business Telephone	E-Mail Address		Birth Date
Social Security Number	Driver's License Number/State/Exp. Date	Employer	Occupation	Mother's Maiden Name	

Payable-on-Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____	Address _____	Percentage _____
Name _____	Address _____	Percentage _____
Name _____	Address _____	Percentage _____

Electronic Services

You are requesting the convenience of 24-hour access to Your Credit Union Account with ATM Card, VISA Check Card, Tellerline Audio Response, PC Tellerline Home Banking and/or Bill Payment, in conjunction with a Personal Identification Number (PIN) or Access Code. Your ATM Card and VISA Check Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATMs. Your VISA Check Card will also allow You to pay for services and purchases directly from Your checking account.

You would like:

ATM Card VISA Check Card Tellerline Audio Response PC Tellerline Home Banking Bill Payment

Name on Card 1: _____ Name on Card 2: _____

Name on Card 3: _____

Request to Receive Electronic Documentation

If this box is checked, You request that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation Disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) that unless You have indicated to the contrary, You are a U.S. person (including a U.S. resident alien); and (4) You are exempt from FATCA reporting.

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must check the appropriate box below.

You are exempt from withholding You are subject to backup withholding You are a foreign person and not a U.S. resident alien (complete W-8BEN)

We will be unable to open an Account for You without a taxpayer identification number

Revocable Living Trust

You hereby certify that:

- (1) This is a revocable living trust. Name of Trust _____;
- (2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds;
- (3) The Trust Agreement appoints:

_____ as Successor Trustee(s) upon death, legal incapacitation, resignation, or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

- (4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You indemnify Us from any liability and costs We may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this account to the revocable living trust named above.

You agree to be bound by the terms and conditions of this Account with VA Desert Pacific Federal Credit Union and the Credit Union's bylaws rules and regulations in effect from time to time.

Lien Impressionment and Set-Off. You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

Signature of Settlor/Trustee of above Trust

Signature of Settlor/Co-Trustee of above Trust

Signature of Settlor/Co-Trustee of above Trust

Signature of Settlor/Co-Trustee of above Trust

Signatures

You hereby apply for membership with VA Desert Pacific Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You, including Our obtaining a consumer credit report. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of VA Desert Pacific Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for VA Desert Pacific Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant (Primary Owner) Signature _____ Date _____ Additional Signer # 1 Signature _____ Date _____ Additional Signer # 2 Signature _____ Date _____