



MINOR MEMBERSHIP APPLICATION

Eligibility	
Type of Membership	

MINOR ACCOUNT APPLICATION

In this Signature Card, "I," "ME," and "MY" mean each and every person who signs below. "YOU" and "YOUR" mean F&A Federal Credit Union. By signing below, I agree to the terms and conditions of this Signature Card and to the terms and conditions of the Deposit Account Agreement and Truth-in-Savings Disclosure. If I am currently not a member, I hereby certify that I am within your field of membership, make application for membership with you and agree to conform to your bylaws and any amendments thereto. I have received a copy of Deposit Account Agreement and Truth-In-Savings Disclosure. I authorize you to make any investigation deemed necessary, including a credit check or employment verification. **At the time I open my account, I authorize you to obtain my credit report to determine my eligibility for additional credit opportunities you may offer to me.** I authorize you to give information concerning your experiences with me to others. I agree that you may retain this Signature Card and any other information you may receive. I understand and agree that this Signature Card shall only govern the Account(s) set forth above. I will execute additional Signature Card(s) to open other Account(s) with you.

Important Information About Procedures 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 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 may also ask to see my driver's license or other identifying documents and an additional questionnaire and documentation may be required.

Last Name	First Name	Middle Name	Suffix (Sr, Jr, III, etc)
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Mother's Maiden Name	Email Address	Date of Birth
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Street Address	City	State	Zip Code
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Mailing Address	City	State	Zip Code
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Home Phone	Cell Phone
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Identification	ID Expiration Date
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This account is not established under the Uniform Transfers to Minor Act. This is a joint account between a minor and one or more joint account holder(s) who shall be responsible and legally liable for all transactions on this account. Each joint Account Holder must complete and sign this form and execute the Minor Account Agreement. (Complete Joint Account Holder section. Joint Holder is required.)

Check here if this account is to include a Pay-on-Death (Trust) provision:

PAY-ON-DEATH PROVISIONS/BENEFICIARIES (FOR MINOR ACCOUNT)

First / Last Name of Beneficiary	Phone	Date of Birth
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Address	City	State	Zip Code
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Social Security Number	Relation to Owner
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First / Last Name of Beneficiary	Phone	Date of Birth
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Address	City	State	Zip Code
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Social Security Number	Relation to Owner
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TAX CERTIFICATION

Certification: Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, and 2. I am subject to backup withholding due to failure to report all interest and dividends, and 3. I am not a U.S. person and 4. I am exempt from FATCA reporting.

Instruction: Check item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to failure to report interest and dividend income. Check item 3 above and complete a W-8 BEN if you are not a U.S. person. Check item 4 above and complete a W-9 if you are subject to FATCA.

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

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

PART I - SOCIAL SECURITY NUMBER/TAXPAYER IDENTIFICATION NUMBER (TIN)

I agree to enter my TIN in the appropriate box. For individuals, this is my Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3 of IRS form W-9. For other entities, it is my employer identification number (EIN). If I do not have a number, I will see How to Get a TIN in the Deposit Account Agreement and Truth-in-Savings Disclosure.

Note: If the account is in more than one name, see the chart in the Deposit Account Agreement and Truth-In-Savings Disclosure for guidelines on whose number to enter.

I agree to cross out item number (2) above and check the box below if I have been notified by the IRS that I am currently subject to backup withholding due to under reporting interest or dividends on my tax return.

Minor Social Security Number/TIN

Minor Signature

Date

JOINT ACCOUNT HOLDER (1) INFORMATION

Last Name		First Name		Middle Name	
Mother's Maiden Name		Email Address			Rent or Own
Street Address			City	State	Zip Code
Mailing Address			City	State	Zip Code
Date of Birth		Home Phone		Cell Phone	Work Phone
Driver's License Number		Driver's License State	Driver's License Date of Issue		Expiration Date
Social Security Number		Employed By		Annual Income	Occupation
Joint Signature				Date	

JOINT ACCOUNT HOLDER (2) INFORMATION

Last Name		First Name		Middle Name	
Mother's Maiden Name		Email Address			Rent or Own
Street Address			City	State	Zip Code
Mailing Address			City	State	Zip Code
Date of Birth		Home Phone		Cell Phone	Work Phone
Driver's License Number		Driver's License State	Driver's License Date of Issue		Expiration Date
Social Security Number		Employed By		Annual Income	Occupation
Joint Signature				Date	

MINOR ACCOUNT AGREEMENT

Owner ("Minor"):	
I/we understand and agree that i/we:	
<p>am/are responsible and legally liable for any and all transactions on this account ("Account"). Without limitation to the foregoing, I/we understand and agree that I/we am/are responsible and legally liable for:</p> <p>1) Any withdrawals on the Account made by the Minor by check, ATM, audio response, home banking or otherwise;</p> <p>2) Any overdrafts or negative balance on the Account created by the Minor by whatever means;</p> <p>3) Any claims by third parties upon the Account, and/or any other matter related to Account transaction(s) by the Minor.</p> <p>To the extent that there is any conflict between this Agreement and the California Commercial Code (or other applicable law), I/we hereby waive any protection afforded under the California Commercial Code (or other applicable law) to the extent permitted by law.</p>	
Owner ("Minor") Signature	Date
Joint Account Holder Signature	Date
Joint Account Holder Signature	Date

For Office Use Only

The application for membership on the reverse is approved by the following F&A Federal Credit Union officer:

Federally Insured by
NCUA

Signature

Date



Existing Member