



PO Box 3003
Los Alamitos, CA 90720-1303

MEMBERSHIP APPLICATION

- Account Changes Add Products & Services
- Change POD Provision Name Change* Add Joint Owner Delete Joint Owner

Account #:

*Proof of name change required (marriage degree, copy of Social Security Card)

Step 1 - Membership Information

YOUR NAME				
RESIDENCE STREET ADDRESS		UNIT	RESIDENCE STREET ADDRESS 2	
CITY	STATE	ZIP	Country	RESIDENCE
MAILING STREET ADDRESS		UNIT	MAILING STREET ADDRESS 2	
CITY	STATE	ZIP	Country	
DATE OF BIRTH	HOME PHONE #		WORK PHONE #	
MOTHER'S MAIDEN NAME		E-MAIL ADDRESS		
DRIVER'S LIC. # (or list other ID Type and #)			STATE	
EMPLOYER NAME	OCCUPATION	DATE OF HIRE	MONTHLY INCOME	

Step 2 - SSN or Tax ID Verification and Certification

Enter TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Instructions to IRS Form W-9. For other entities, it is my Employer Identification Number (EIN). If I do not have a number, see How to get a TIN in "Specific Instructions" Part I.

Note: If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number To Give the Requester."

SS# or TAX ID# _____

Step 3 - Products and Services

Check the box next to the products and services you would like to open.

- | | | |
|------------------|-----------------|----------|
| Primary Savings | Initial Deposit | \$ _____ |
| Money Market | Initial Deposit | \$ _____ |
| Rewards Checking | Initial Deposit | \$ _____ |
| Basic Checking | Initial Deposit | \$ _____ |
| Holiday Club | Initial Deposit | \$ _____ |

Added Service(s):

- Debit Card
- ATM Card
- Checking Overdraft from Savings
- Checking Overdraft from Line of Credit

Step 4 - Account Ownership & Designations

Joint Owner: Add Delete

YOUR NAME				SS# or TAX I.D. #
RESIDENCE STREET ADDRESS		UNIT	RESIDENCE STREET ADDRESS 2	
CITY	STATE	ZIP	Country	RESIDENCE
MAILING STREET ADDRESS		UNIT	MAILING STREET ADDRESS 2	
CITY	STATE	ZIP	Country	
DATE OF BIRTH	HOME PHONE #		WORK PHONE #	
MOTHER'S MAIDEN NAME		E-MAIL ADDRESS		
DRIVER'S LIC. # (or list other ID Type and #)			STATE	
EMPLOYER NAME	OCCUPATION	DATE OF HIRE	MONTHLY INCOME	

IF JOINT OWNER IS ADDED OR DELETED, JOINT'S SIGNATURE REQUIRED HERE: X



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Beneficiary: Add Delete

Form with fields: UPON MY OWN AND ALL JOINT OWNERS' DEATH, PAY ALL SUMS TO; DATE OF BIRTH; RELATIONSHIP TO ACCOUNT OWNER; SS#; % Distribution; STREET ADDRESS; CITY; STATE; ZIP; Country

Beneficiary: Add Delete

Form with fields: UPON MY OWN AND ALL JOINT OWNERS' DEATH, PAY ALL SUMS TO; DATE OF BIRTH; RELATIONSHIP TO ACCOUNT OWNER; SS#; % Distribution; STREET ADDRESS; CITY; STATE; ZIP; Country

Uniform Transfers/Gifts To Minors Act (Minor's information here - Parent or Guardian information goes in Step 5)

Form with fields: As custodian for (Minor's Name); under the Uniform Transfers/Gifts to Minors Act; Minor's SS# or Tax ID#; Successor Trustee

Step 5 -Certification & Signatures

By signing below, if I am not currently a member, I hereby make application for membership in SOUTHLAND CREDIT UNION. I certify that I am within the Credit Union's field of membership. I agree that you may retain this Signature Card (Membership Application) and any other information you may receive.

By signing below, you certify, under the penalties of perjury, that:

- 1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), 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).

I am subject to backup withholding

I am exempt from backup withholding

By signing below, I certify under penalties of perjury that the information on this membership application (front and back) is complete, true, and submitted for the purpose of obtaining accounts and services requested. I agree (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this application for the purpose of extending credit or services to me or reviewing or collecting a credit account of mine; (b) that the Credit Union can tell others about its credit experience with me and obtain information from others about my credit history and performance.

By signing below, I agree that the changes on this application amend the previously signed Southland Credit Union membership applications.

Member Signature X Date

Joint Signature X Date

For Credit Union Use

Form with fields: Verification Date; Verified By; ID Type; ID Place of Issurance; ID #; ID Issue Date; ID Expire Date; Other Verification; See Account Authorization Form; Credit Report; Send Disclosure; Opened By; Membership Approved By; Chex Systems; ATM/Debit Card Limit



Please complete form, print out, sign and fax to our attention along with a valid photocopy of your ID (and joint if applicable) to 866-602-5980.