



**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.

ACCOUNT NUMBER

## 1 MEMBER AND BENEFICIARY INFORMATION

<b>Primary Member Name</b>				<b>Joint Owner Name</b>				<b>Relationship to Primary Owner</b>			
Mailing Street Address				Mailing Street Address				Relationship to Primary Owner			
Apt. No.				Apt. No.				Years			
City				City				Email			
State				State				Zip			
Date of Birth				Date of Birth				CA ID #/DL #			
Social Security No.				Social Security No.				CA ID #/DL #			
Home Phone ( )				Home Phone ( )				Mother's Maiden Name			
Work Phone ( )				Work Phone ( )				Mother's Maiden Name			
Employer Name				Employer Name				Occupation			
Years				Years				Occupation			
Employer Address				Employer Address				City			
City				City				State			
State				State				Zip			
Zip				Zip				Home Address (if different than mailing address) DO NOT use work address or PO BOX			
Home Address (if different than mailing address) DO NOT use work address or PO BOX				Home Address (if different than mailing address) DO NOT use work address or PO BOX				Home Address (if different than mailing address) DO NOT use work address or PO BOX			

**BENEFICIARY(IES)** In the event of my death, or if there is more than one owner of this account, in the event of death 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 form:

Name of Beneficiary				Name of Beneficiary				Phone No.			
Phone No. ( )				Phone No. ( )				Relationship			
Address of Beneficiary				Address of Beneficiary				Relationship			

## 2 ELIGIBILITY

Provide Valid Calif ID, Employer Paystub or Relative Referral

I'm eligible to join PROSPECTORS FCU because I'm...

An employee of \_\_\_\_\_

A relative of a member of Prospectors Federal Credit Union

Relationship \_\_\_\_\_

Name of Relative \_\_\_\_\_

Signature of Relative \_\_\_\_\_

Relative Account No: \_\_\_\_\_

## 3 CHOOSE SERVICE

Membership Fee ..... \$ 1.00

Deposit to Regular Savings Account (\$25 minimum deposit) ..... \$ \_\_\_\_\_

Share Draft (Checking) Account (\$100 minimum deposit) ..... \$ \_\_\_\_\_

Christmas Club (no minimum deposit) ..... \$ \_\_\_\_\_

Money Market Account (\$2,500 minimum deposit) ..... \$ \_\_\_\_\_

High Yield Money Market Account (\$25,000 minimum deposit) ..... \$ \_\_\_\_\_

Certificate (\$1,000 minimum deposit) ..... \$ \_\_\_\_\_

TERM \_\_\_\_\_ (Term subject to board policy)

Direct Deposit  Payroll Deduction

## 4 OVERDRAFT OPTIONS

Overdrafts can be covered in two different ways or combinations thereof. They are: 1) A transfer from my savings account, with not more than three transfers in any calendar month, or 2) An advance from my Line of Credit, upon approval of credit and subject to terms and conditions of that account, up to my credit limit. (check only one box)

Savings only  Savings, then Line of Credit  Line of Credit Only  Line of Credit, then Savings  No Overdraft

INCOME VERIFICATION REQUIRED

## 5 24 HOUR ACCESS

Debit Card or  ATM Card Primary Member  Additional Card for Joint Owner

PAT (Prospectors Audio Teller) SET UP  English or  Spanish

## 6 TIN CERTIFICATION AND BACKUP INFORMATION

<b>PART I.—Taxpayer Identification Number (TIN)</b>		<b>PART II.—Backup Withholding On Accounts Opened After 12/31/83</b>
Enter the taxpayer identification number in the appropriate box. For most individual taxpayers, this is the social security number.		Check the box if you are NOT subject to backup withholding under the provisions of section 3405(a)(1)(C) of the Internal Revenue Code..... <input type="checkbox"/>
Taxpayer ID Number (Social Security Number):		
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 withholdings 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).		
Instructions: 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.		

## 7 AUTHORIZATION AND SIGNATURES

**PLEASE READ CAREFULLY BEFORE SIGNING:** I/we the undersigned, apply to PROSPECTORS FEDERAL CREDIT UNION for the account(s) indicated above. By signing the Signature Card below, I/we are acknowledging and agreeing to the following:

If I am not currently a member, I hereby make application for membership in Prospectors Federal Credit Union. I understand I will be given access to PAT (Prospectors Audio Teller) and Home Banking Services. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Truth in Savings Disclosure, the Electronic Services Disclosure and Agreement, which I will receive after membership approval.

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. If I am in default on a financial obligation to you, federal law gives you the right to apply the balance of shares and dividends in my account(s) (except IRA) at the time of default to satisfy that obligation. Once I am in default, you may exercise this right without further notice to me. I understand and agree that you may retain this Signature Card and any other information you may receive.

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

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Primary Owner Signature Date Joint Owner Signature Date

<b>MEMBERSHIP APPROVAL—CREDIT UNION USE ONLY</b>		<b>Chex Systems</b>	<b>C.U. Use</b>
Financial Services	Date		
Eligibility	Account Opened By	Date	