

Membership Application and Account Agreement

ACCOUNT NUMBER:

☐ New ☐ Update

Membership Eligibility

Anyone who lives or works in eligible cities and counties and/or employees of certain organizations (Select Employer Groups) can qualify for Membership at LBS Financial Credit Union. Visit lbsfcu.org for a complete list of eligible cities/counties and employer groups.

Membership Qualification:

- ☐ Employment/Select Employer Group
- ☐ City/County of Employer
- ☐ City/County of Residence ☐ Relative of an active Member*
(COMPLETE BELOW)

Name of Member/Relative _____

Relationship to Applicant _____

If you live or work in California, but don't qualify for Membership based on where you live or work (or family relation), select the box below:

☐ I want to join the Financial Fitness Association and become a Member of LBS Financial (additional \$8.00 fee).

* ELIGIBLE RELATIONSHIPS INCLUDE: PARENT, CHILD, SPOUSE/REGISTERED DOMESTIC PARTNER, SIBLING, GRANDPARENT, GRANDCHILD, STEPPARENT, STEPCHILD, ADOPTIVE RELATION OR ANYONE LIVING IN YOUR HOUSEHOLD.

Account Selection

Account Type	Initial Deposit
Share Savings (\$5 min. balance)	\$ _____
Free Checking with eStatements*	\$ _____
Interest Checking*	\$ _____
Money Market*	\$ _____
Special Occasion Club Acct.*	\$ _____
Share Certificate*	\$ _____
IRA*	\$ _____

*Ask for required minimum balance to open

Added Service(s):

- ☐ CU OnLine (online banking) ☐ HomeTeller (phone banking)
- ☐ Mobile Banking ☐ ATM Card
- ☐ Debit Card ☐ Direct Deposit
- ☐ Overdraft Protection

Member Information

Name _____

Social Security #/TIN _____

Date of Birth _____

Mother's Maiden Name _____

Email Address _____

Phone # _____ Cell # _____

Home Address _____

City _____ State _____ Zip _____

Gov't Issued ID/ Driver's License _____

DL State of Issue _____ Expiration Date _____

Occupation _____

Employer _____

City of Employer _____

Joint Member Information (Optional)

Name _____

Social Security #/TIN _____

Date of Birth _____

Mother's Maiden Name _____

Email Address _____

Phone # _____ Cell # _____

Home Address _____

City _____ State _____ Zip _____

Gov't Issued ID/ Driver's License _____

DL State of Issue _____ Expiration Date _____

Occupation _____

Employer _____

City of Employer _____

FOR ADDITIONAL JOINT MEMBERS, ATTACH A SECOND MEMBERSHIP APPLICATION WITH ONLY THE MEMBER INFORMATION SECTION COMPLETED.

Optional Payable-On-Death Designation

Upon the death of the Member, or upon the death of the last to die of the Member and all Joint Owner(s)/Member(s), the following persons are named beneficiaries to receive all sums and accounts controlled by this Membership Application. All sums shall be divided equally (if a distribution amount is not indicated) among those beneficiaries who survive the Member and Joint Owner/Member(s), as the case may be.

1. Name of P.O.D. Payee _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Relationship _____

Date of Birth _____ Distribution % _____

2. Name of P.O.D. Payee _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Relationship _____

Date of Birth _____ Distribution % _____

3. Name of P.O.D. Payee _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Relationship _____

Date of Birth _____ Distribution % _____

COMPLETE REVERSE AND SIGN

SSN or Tax ID Verification

Taxpayer Identification Number:

I agree to enter my Taxpayer Identification Number (TIN aka Social Security Number) in the appropriate box. For a residential alien, sole proprietor or a disregarded entity, refer to IRS Form W-9, Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification. For other entities, it is my Employer Identification Number. If I do not have a number, refer to IRS Form W-9, How to Get a TIN in "Specific Instructions" Part I.

SSN or Taxpayer I.D. Number to be Used for Tax Reporting:

Member Acknowledgment/Signature

I/We am/are applying for Membership in LBS Financial Credit Union. By signing below, I/we acknowledge and agree to the following terms and conditions:

- 1. I/We agree and acknowledge that the terms, conditions, ownership and beneficiaries stated herein apply to each subaccount opened and maintained under this master agreement. The bylaws of the Credit Union or any amendments shall be binding on me/us and all of my/our accounts. In addition, I/we agree to comply with applicable law, policies, and regulations. Furthermore, I/we agree to purchase one regular share in LBS Financial.
- 2. If more than one owner, all funds paid into any account established hereunder shall be considered as being held by each owner jointly with rights of survivorship regardless of net contribution and LBS Financial is under no obligation to inquire as to the source of any contribution or deposit.
- 3. LBS Financial is authorized to recognize any of the signatures below for the transaction of any business on any account on which the parties are named as owners.
- 4. This account is non-transferable on the records of the Credit Union during my/our lifetime.
- 5. The use of this account constitutes my/our acceptance of the terms and conditions contained in this Membership Application & Account Agreement, as well as LBS Financial's Truth-In-Savings Disclosure of Membership Agreement & Account Terms and LBS Financial's Fee Schedule, which I/we will receive within 10 days of opening this account.
- 6. By submitting a Membership application, I/we authorize LBS Financial to obtain and review my/our consumer credit report(s) and other data sources to authenticate my/our identity and facilitate the processing of this application for Membership and financial relationship. I/we understand that I/we may be asked questions based on the information in my/our credit file, the joint account holder's credit file, and other databases as a part of this application process. I/we understand approval of my/our Membership is dependent on this review.
- 7. I/We certify under penalty of perjury, all information I have provided on this Membership Application & Account Agreement is true, correct and complete.

Consent to Communication:

I/We hereby give my/our express consent to LBS FINANCIAL CREDIT UNION and its successors and assigns and to any third party acting on behalf of any of them ("LBS") to contact me/us regarding this transaction and/or any other business relationship I/we have now or at any time in the future with LBS. This includes my/our consent for LBS to contact me/us by telephone or text message at any telephone number or numbers I/we provide to LBS now or later for any purpose or that LBS obtains from any other source, all including (but not limited to) any telephone number assigned to a cellular telephone service or any other service for which I/we am charged for the call. This consent applies even if LBS uses an automatic telephone dialing system or an artificial or prerecorded voice to make the call or send the message. (I/we promise I/we will tell LBS in writing if any telephone number I/we provide to LBS is assigned to a cellular telephone service or to any other service for which anyone may be charged for the call. I/we also promise to tell LBS in writing if I/we am not the person who subscribes to the related telephone service or if I/we am not the most common user of any such telephone number.) I/we understand this consent and these promises are important to LBS and are a condition of this agreement and that LBS will rely upon them as it attempts to comply with applicable law. I/We also understand that because LBS' agreement to enter into this transaction is consideration for this consent, this consent may not be revoked. To the extent there is any right to revoke it, I/we waive that right.

Certification:

(1) I/We certify under penalty of perjury that the Taxpayer Identification Number/Social Security Number I/we have given LBS Financial is true and correct and that I/we are not subject to backup withholding. (2) I/We understand the Tax Identification Number indicated above will be the one used to report any dividends earned on this account. (3) I/We have not received notice from the Internal Revenue Service for under reporting of dividends or interest. (Certification Instructions-I/We must cross out item (3) above if I/we have been notified by the IRS that I/we am/are currently subject to backup withholding because of underreporting interest or dividends on my/our tax return.) I certify that I am a U.S. person.

The IRS does not require my/our consent to any provision of this document other than the certifications mentioned above in the Certification section required to avoid backup withholding.



Member Acknowledgment/Signature (Cont.)

Customer Information Program: 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 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.

Member Signature _____ Date _____

Joint Signature _____ Date _____

Joint Signature _____ Date _____

Joint Signature _____ Date _____

(IF MORE THAN ONE JOINT MEMBER, ATTACH A SECOND MEMBERSHIP APPLICATION WITH COMPLETED MEMBER INFORMATION FOR EVERY ADDITIONAL JOINT MEMBER)

Official Credit Union Use:

Opened By _____

Teller # _____

Branch _____

Date _____

☐ Membership Fee Collected

Checking/Draft Account # _____

☐ OFAC

☐ Account Owner(s)

☐ All Beneficiaries

Disclosures Provided:

☐ Truth In Savings ☐ Electronic Funds Transfer (EFT)

☐ Fee Schedule ☐ Privacy Notice ☐ Dividend Rate Sheet

Received By:

☐ Branch ☐ Residential Lending ☐ Mail

LBS Financial Membership Officer Printed Name

LBS Financial Membership Officer Signature Date



Branch Locations

Bixby Knolls

4436 Atlantic Avenue, Long Beach, CA 90807

Cerritos

11239 183rd Street, Cerritos, CA 90703

East Long Beach

4341 East 10th Street, Long Beach, CA 90804

Lakewood

4916 Bellflower Boulevard, Lakewood, CA 90713

Los Altos

6417 East Spring Street, Long Beach, CA 90808

Newport-Mesa

1401 Quail Street, Ste. 130, Newport Beach, CA 92660

Mailing Address

P.O. Box 4860, Long Beach, CA 90804-0860

Shared Branches

LBS Financial Credit Union is a member of the CO-OP® Shared Branch Network. You can conduct LBS Financial transactions at over 5,000 branches internationally. For a branch location near you, visit us online at lbsfcu.org, or call 1.888.SITE COOP (748.3266).

Call Center and RateLine

562.598.9007 • 714.893.5111 • 800.527.3328

lbsfcu.org

