

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 www.lbsfcu.org for a complete list of eligible cities/counties and employer groups.

Membership Qualification:

Employment/Select Employer Group (EMPLOYER CODE: _____)

City of Residence Relative of a member* (COMPLETE BELOW)

Name of Member/Relative _____

Phone Number _____

Address of Member/Relative _____

City _____ State _____ Zip _____

Relationship to Applicant _____

*ELIGIBLE RELATIONSHIPS INCLUDE: PARENT, CHILD, SPOUSE, SIBLING, GRANDPARENT, GRANDCHILD, STEPPARENT, STEPCHILD OR ADOPTIVE RELATION

Account Selection

ACCOUNT TYPE	INITIAL DEPOSIT
Share Savings (\$5 min. balance)	\$ _____
Money Market (\$2,500 min. balance)	\$ _____
Choice Checking (\$20 min. balance)	\$ _____
Special Occasion Club Acct. (\$5 min. balance)	\$ _____
Share Certificate of Deposit*	\$ _____
IRA*	\$ _____

*Ask for required minimum balance to open

ADDED SERVICE(S):

CU OnLine (online banking) HomeTeller (phone banking)

Debit Card ATM Card

Overdraft Protection Direct Deposit

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 _____

Employer Address _____

Employer Phone _____

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 _____

Employer Address _____

Employer Phone _____

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 % _____

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 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:

- 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.
- 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.
- 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.
- This account is non-transferable on the records of the Credit Union during my/our lifetime.
- 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 will receive within 10 days of opening this account.
- 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.
- I/we certify under penalty of perjury, all information I have provided on this Membership Application & Account Agreement is true, correct and complete.

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.

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)

Joining Our Neighborhood Is Simple! It's Easy To Apply:

- Enclose a copy of your Driver's License or Government Issued ID Card
- Enclose an initial deposit of \$6 (\$5 for your Share Savings Minimum Balance and a \$1 non-refundable lifetime membership fee per account holder to open the account)*
- Make your check payable to LBS Financial Credit Union

Mail to:

LBS Financial Credit Union, P.O. Box 4860,
Long Beach, CA 90804-0860

* IF YOU ARE OPENING MORE THAN ONE ACCOUNT, REFER TO THE MINIMUM BALANCES UNDER ACCOUNT SELECTION.

Official Credit Union Use:

Opened By _____

Teller # _____

Branch _____

Date _____

Membership Fee Collected
Amount: _____

Checking/Draft Account # _____

Source of Funds _____

CDD Risk Score _____ Experian/EWS

OFAC
 Acct Owner 1 Acct Owner 2
 Acct Owner 3 Acct Owner 4
 All Beneficiaries

Picture ID Type:

Driver's License Passport
 Gov't State Issued - Exp. _____
 Other _____

Disclosures Provided:

Truth In Savings Electronic Funds Transfer (EFT)
 Fee Schedule Privacy Notice Dividend Rate Sheet

Received:

Branch Residential Lending Mail
 ZLD ZLL CHOD

LBS Financial Membership Officer Printed Name

LBS Financial Membership Officer Signature Date



Adding Value to the Neighborhood

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, 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 CU Service Center® Shared Branch Network. You can conduct LBS Financial transactions at more than 2,600 branches internationally. For a branch location near you, visit us online at www.lbsfcu.org, or call 1.888.CU SWIRL (287.9475).

Call Center and RateLine

562.598.9007 • 714.893.5111
800.527.3328 (outside of 562 and 714 area codes)

www.lbsfcu.org

