



Membership/Change of Status Application

PLEASE USE BLACK OR BLUE INK ONLY – PLEASE DO NOT USE WHITE OUT

New Member New Account Change of Status

Member Number: _____

1 ACCOUNT TYPE: (CHECK ALL THAT APPLY)

Individual Joint Minor Shares Ready Checking echecking Money Market Share Certificate Other _____

2 ELIGIBILITY:

- Employee who works at a fire department. Fire Department _____
- Eligible through an existing primary member. Member's Name _____ Relationship to member _____ Member's Phone Number _____
- Employee of an eligible organization. Organization's Name _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorist 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 does this mean 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.

3 PRIMARY MEMBER

Last Name:		First Name:	Middle Initial:	Date of Birth:	SSN#:
Primary ID # (ie License #):	Issue Date:	Exp Date:	Secondary ID Type:		
Home Phone:	Mobile:	Email Address:		Mother's Maiden Name:	
Residence Address (Street, City, State, Zip):			Mailing Address (Street, City, State, Zip): <input type="checkbox"/> Same as Residence Address		
Occupation:		Employer Name:		Employer Phone:	

4 JOINT MEMBER (#1 if applicable)

Last Name:		First Name:	Middle Initial:	Date of Birth:	SSN#:
Primary ID # (ie License #):	Issue Date:	Exp Date:	Secondary ID Type:		Relationship:
Home Phone:	Mobile:	Email Address:		Mother's Maiden Name:	
Residence Address (Street, City, State, Zip):			Mailing Address (Street, City, State, Zip): <input type="checkbox"/> Same as Residence Address		
Occupation:		Employer Name:		Employer Phone:	

4 JOINT MEMBER (#2 if applicable)

Last Name:		First Name:	Middle Initial:	Date of Birth:	SSN#:
Primary ID # (ie License #):	Issue Date:	Exp Date:	Secondary ID Type:		Relationship:
Home Phone:	Mobile:	Email Address:		Mother's Maiden Name:	
Residence Address (Street, City, State, Zip):			Mailing Address (Street, City, State, Zip): <input type="checkbox"/> Same as Residence Address		
Occupation:		Employer Name:		Employer Phone:	

5 PRIMARY BENEFICIARIES

Beneficiary Name:	Beneficiary SSN:	Beneficiary Address:	Beneficiary Phone Number:	Date of Birth:	Relationship:	Share %:
Beneficiary Name:	Beneficiary SSN:	Beneficiary Address:	Beneficiary Phone Number:	Date of Birth:	Relationship:	Share %:
Beneficiary Name:	Beneficiary SSN:	Beneficiary Address:	Beneficiary Phone Number:	Date of Birth:	Relationship:	Share %:
Beneficiary Name:	Beneficiary SSN:	Beneficiary Address:	Beneficiary Phone Number:	Date of Birth:	Relationship:	Share %:

Note: If no share percentages are given, funds will be disbursed evenly between individuals or entities listed as beneficiaries.

6 REQUEST FOR TAX PAYER INFORMATION (FORM W9)

If you are not subject to backup withholding, your selection certifies the following: I/We certify under penalties of perjury, that:

1. The Tax Identification Number (TIN) shown on this form is correct, and
2. I/we are not subject to backup withholding due to failure to report interest and dividend income, and
3. I/we am/are a United States person, including a U.S resident alien (W-8 BEN required if not a U.S. person).
4. I am exempt from FATCA which is the Foreign Account Tax Compliance Act. The act requires US persons who live outside the US to report their financial accounts held outside of the US
 I have been notified by the IRS that I am currently subject to backup withholdings because of underreporting interest or dividends on my tax returns. (If you check this box please cross #2 out above).

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

MEMBER'S SIGNATURE: _____ **DATE:** _____

7 DISCLOSURE / SIGNATURES (APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE)

Acknowledgement of receipt of Disclosures: By signing below, you acknowledge that you have received a copy of the Credit Union's Truth-In-Savings Disclosure, Debit Card Disclosure (if applicable) and that you have received a copy of the current Share Rate and Fee schedule. You agree to be bound by the terms and conditions of the Credit Union's Account Agreement(s) and any amendments thereto. You understand that any new account information will be verified. You agree and authorize the Credit Union to obtain a credit report, checking account data, and employment information deemed appropriate upon membership opening and/or checking account opening/changing and in conjunction with future credit opportunities. You verify all information contained on this application is true and correct. To the extent you have provided information that is inaccurate, false or misleading (including your ability to qualify for membership), may result in the termination of your membership, membership rights, as well as the termination of any products and/or services. You warrant that everything stated in this application is correct to the best of Your knowledge. The Credit Union is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and You authorize others to answer questions about their credit experience with You. You agree that any such liability is joint and several. You authorize Us to accept Your digital signatures on this application and agree that Your digital signature will have the same legal force and effect as your original signature. You assume any risk that may be associated with permitting Us to accept Your digital signature. You are authorizing the Credit Union to gather credit and checking information. You give your express consent for the Credit Union and others acting on our behalf to contact you at any telephone number you give to us or we obtain from any other source (including any wireless phone or VoIP number), using any calling or texting technology (including any automatic telephone dialing system, artificial voice or prerecorded voice), regarding this account or any other relationship you now or later have with the Credit Union. You agree that you have not provided, and will not provide to us, any telephone number unless you are the subscriber to the service or the customary user of the telephone to which that number relates unless you tell us in writing. If you revoke this authorization, you agree to do so in a way that is likely to provide us with notice in time to process that revocation before we make any further calls or send any further texts, such as by using one of the methods designated by the Credit Union for such purpose.

In addition, the Board of Directors and members has elected to have the share accounts of this institution federally insured by the National Credit Union Administration to at least \$250,000 and backed by the full faith and credit of the United States Government.

MEMBER'S SIGNATURE _____ **DATE** _____ **JOINT MEMBER #1** _____ **DATE** _____ **JOINT MEMBER #2** _____ **DATE** _____
If Applicable If Applicable

FOR CREDIT UNION use only

Account Numbers: _____

Processed by: _____ Operator No.: _____ Date: _____

Approved by: _____ Operator No.: _____ Date: _____

MAIL TO:
Firefighters First Credit Union
 P.O. Box 60890, Los Angeles, CA 90060
 800-231-1626 • www.firefightersfirstcu.org

FAX TO:
 Operation Support at (323) 550-2287

Deliver to any branch

