



MEMBERSHIP APPLICATION

MEMBER NUMBER

USA Patriot Act Notice: 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. 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 will also ask to see your driver's license or other identifying documents.

SELECT THE PRODUCTS YOU WOULD LIKE TO OPEN WITH YOUR MEMBERSHIP

- | | | |
|--|---|---|
| ☐ CHECKING ACCOUNT | ☐ ESTATEMENTS | ☐ IDENTITY THEFT PROTECTION (\$1.50 MONTHLY FEE) |
| ☐ FREE DEBIT CARD | ☐ MONEY MARKET ACCOUNT | |
| ☐ CHECKS (1ST ORDER FREE) | ☐ HOLIDAY ACCOUNT | |
| ☐ ONLINE/MOBILE BANKING | ☐ CAPTAIN'S CLUB (KID SAVINGS) | |

JOINT OWNERSHIP (SELECT ONE, IF APPLICABLE) ☐ JOINT ON ALL SHARES ☐ JOINT ON SPECIFIC SHARE(S) ONLY: _____

PRIMARY OWNER

FIRST NAME	MIDDLE	LAST	SUFFIX
SOCIAL SECURITY NO. (TIN)	DATE OF BIRTH	DRIVER LICENSE OR ID NO.	
HOME ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS		CELL PHONE	
EMPLOYER		OCCUPATION	

MEMBERSHIP ELIGIBILITY (PLEASE SELECT ONE AND PROVIDE ELIGIBILITY INFORMATION)

- | | |
|---|--|
| ☐ ILWU LOCAL _____ | ☐ SPONSOR MEMBER NAME _____ |
| ☐ OTHER _____ | RELATIONSHIP/ACCT. NO. _____ |

JOINT OWNER

FIRST NAME	MIDDLE	LAST	SUFFIX
SOCIAL SECURITY NO. (TIN)	DATE OF BIRTH	DRIVER LICENSE OR ID NO.	
HOME ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
EMAIL ADDRESS		CELL PHONE	
EMPLOYER		OCCUPATION	

PAY-ON-DEATH ACCOUNT (P.O.D.)/BENEFICIARY INFORMATION

Upon the death of the last surviving owner of a pay-on-death account, any sums remaining belong to the designated pay-on-death (P.O.D.) payee or payees surviving the owner in equal and undivided shares unless otherwise provided on the Account Card. Joint owners should not be named as P.O.D. beneficiaries. Pay-on-death payee designation applies to all accounts I open on the Card unless otherwise indicated in writing. Please attach additional payees on separate sheet.

BENEFICIARY NAME	DATE OF BIRTH	SOCIAL SECURITY NO.
BENEFICIARY ADDRESS		PHONE NO.

PLEASE COMPLETE REVERSE SIDE

ADDITIONAL PRODUCTS

Please contact me. I am interested in learning more about the following loan products:

☐ AUTO LOAN ☐ MOTORCYCLE/TOY LOAN ☐ CREDIT CARD ☐ PERSONAL LOAN ☐ HOME LOANS ☐ OTHER _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer information number (or I am waiting for a number to be issued), 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosure. I declare under penalty of perjury that all information provided is true and correct.

X MEMBER SIGNATURE _____ DATE _____

X JOINT SIGNATURE _____ DATE _____

HOW TO OPEN YOUR ACCOUNT

Simply complete and submit the application along with the following items:

- A \$6 check or money order (\$5 initial share deposit and \$1 one-time membership fee).
- A copy of your Identification (valid driver's license, passport, or state ID).
- A copy of your Employee ID or current paycheck stub for eligibility.

Submit this application and the above items to a branch location or mail to:

ILWU Credit Union
P.O. Box 7629
Long Beach, CA 90807



CREDIT UNION USE ONLY

DATE OPENED:	OPENED BY:	MEMBERSHIP APPROVAL:
☐ CREDIT REPORT	☐ AUDIO ACCESS	TELLER NO. _____
☐ DEBIT CARD	☐ ONLINE AND MOBILE BANKING	DATE APPROVED _____
ACCT FUNDING: AMOUNT \$ _____	☐ CASH ☐ CHECK ☐ PMA/DIRECT DEPOSIT ☐ OTHER _____	
	☐ SQUARE: VISA/MC/AMEX	LAST 4 NUMBERS ON CARD _____