



MASTER MEMBERSHIP APPLICATION INSTRUCTION SHEET

All information on the Master Membership application must be provided. Do not leave any fields blank.

SECTION 1 - ACCOUNT HOLDER INFORMATION & MEMBERSHIP ELIGIBILITY

- You must provide your complete legal name and it must match the identification you provide with this application. Primary identification & secondary identification must be provided, a copy of one of the following is acceptable:

Primary Identification:

- State Issued Driver's License
- State Issued Identification Card
- U.S. Passport - **Must be signed**
- Alien Registration Card
- Government Issued Employment Authorization Card

Secondary Identification:

- Employment/Work ID
- Medicare or Medicaid Card
- School Identification Card (current)
- Current utility bill (must be in applicant's name)
- Another form of Primary ID
- Current Bank Statement
- Current Paystub
- Current Credit Card Statement
- Current Loan Statement

- You must provide a residential address; a P.O. Box or Mail Drop Service address is not acceptable. A P.O. Box may be used for your mailing address only. The residential address must match the address on your identification. If the address you provide does not match your identification, you must also provide a copy of a Proof of Residence that is less than 45 days old. Examples are:

- Current Utility Bill (Electric, Water, Natural Gas or Cable/Satellite Bill)
- Home (land line) Telephone Bill
- Current Lease/Rental Agreement
- Vehicle Registration
- Credit Card Statement
- Property Tax Bill
- Recent Paystub
- Voter Registration
- Mortgage Statement
- Insurance Bill (Auto, Home or Renters Insurance)
- Bank Statement

- If you have lived at your address less than 2 years, you must provide your previous address.
- Phone number – You must provide at least one phone number.
- Employer name and occupation - if retired or unemployed please include your former employer and former occupation.
- Indicate your eligibility for Membership – If selecting Innovision Society, you must also complete the Innovision Society membership application.

SECTION 2 - CONSENT TO CONTACT BY TELEPHONE AND/OR BY TEXT

- Read information on Consent to Contact by Telephone and/or by Text section. If consent is being provided, place initials in designated section. Both primary and joint must initial in the space provided.

SECTION 3 – PART 1 & 2 - CERTIFICATION

- All memberships must provide and certify a Social Security number or Tax Identification number.
- Read and sign the Certification section where indicated

SECTION 4 – ACCOUNT AGREEMENT

- Read the Account Agreement, sign and date

Once application is completed, return all forms, copies of identification and documents to

**Kinecta Federal Credit Union
Attn: Member Service Support
1440 Rosecrans Ave
Manhattan Beach, CA 90266**

Indicate the accounts you would like to open. Remember to include the \$5.00 membership fee for each member and at least the minimum opening deposits for all accounts selected. If your eligibility is Innovision Society, be sure to include the Innovision Society membership application.

If you have any questions or need assistance completing this application, contact us at 800-854-9846.



1440 Rosecrans Avenue, Manhattan Beach, CA 90266
800.854.9846 | Kinecta.org

MASTER MEMBERSHIP APPLICATION/SIGNATURE CARD

SECTION 1

| | | | | | | | | | |
|--|--|--|---------------------|---|----------------------------|-----------------------------|---|-------------------------|--|
| MEMBERSHIP # | | <input type="checkbox"/> NEW MEMBERSHIP <input type="checkbox"/> ACCOUNT CHANGE | | <input type="checkbox"/> CUTMA <input type="checkbox"/> COOGAN <input type="checkbox"/> REPRESENTATIVE PAYEE <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> ESTATE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> BLOCKED | | | <input type="checkbox"/> ONLINE <input type="checkbox"/> MAIL <input type="checkbox"/> IN PERSON | | |
| PRIMARY MEMBER INFORMATION | | APPLICABLE SHARES: | | | | | | | |
| LAST NAME | | | FIRST NAME | | | MIDDLE INITIAL | | | |
| DRIVER'S LICENSE, STATE OR OTHER ID# | TYPE | ISSUING AGENCY | | EXP DATE | DATE OF BIRTH | | MOTHER'S MAIDEN NAME | | |
| RESIDENTIAL ADDRESS | | | CITY | | STATE | | ZIP | | |
| NUMBER OF YEARS AT ADDRESS | PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS) | | | <input type="checkbox"/> BUYING/OWN WITH MORTGAGE <input type="checkbox"/> GOVERNMENT QUARTERS <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OWN FREE AND CLEAR <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | | | | | |
| MAILING ADDRESS | | | CITY | | STATE | | ZIP | | |
| HOME PHONE # | WORK / DAYTIME PHONE # | | CELL PHONE # | | E-MAIL ADDRESS | | | | |
| EMPLOYER (IF RETIRED, FORMER EMPLOYER NAME) | | | SCHOOL / OCCUPATION | | EMPLOYER OR SCHOOL PHONE # | | <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT | | |
| EMPLOYER OR SCHOOL ADDRESS | | CITY | STATE | ZIP | EMPLOYMENT DURATION | | | | |
| SIGN HERE | PRIMARY MEMBER SIGNATURE ▶ | | | | | | Date ▶ | | |
| JOINT MEMBER INFORMATION | | APPLICABLE SHARES: | | | | | | | |
| LAST NAME | | | FIRST NAME | | MIDDLE INITIAL | SOCIAL SECURITY OR TAX ID # | | RELATIONSHIP TO PRIMARY | |
| DRIVER'S LICENSE, STATE OR OTHER ID# | TYPE | ISSUING AGENCY | | EXP DATE | DATE OF BIRTH | | MOTHER'S MAIDEN NAME | | |
| RESIDENTIAL ADDRESS | | | CITY | | STATE | | ZIP | | |
| NUMBER OF YEARS AT ADDRESS | PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS) | | | <input type="checkbox"/> BUYING/OWN WITH MORTGAGE <input type="checkbox"/> GOVERNMENT QUARTERS <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OWN FREE AND CLEAR <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | | | | | |
| MAILING ADDRESS | | | CITY | | STATE | | ZIP | | |
| HOME PHONE # | WORK / DAYTIME PHONE # | | CELL PHONE # | | E-MAIL ADDRESS | | | | |
| EMPLOYER (IF RETIRED, FORMER EMPLOYER NAME) | | SCHOOL / OCCUPATION | | | EMPLOYER OR SCHOOL PHONE # | | <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT | | |
| EMPLOYER OR SCHOOL ADDRESS | | CITY | STATE | ZIP | EMPLOYMENT DURATION | | | | |
| SIGN HERE | JOINT MEMBER SIGNATURE ▶ | | | | | | Date ▶ | | |
| JOINT MEMBER INFORMATION | | APPLICABLE SHARES: | | | | | | | |
| LAST NAME | | | FIRST NAME | | MIDDLE INITIAL | SOCIAL SECURITY OR TAX ID # | | RELATIONSHIP TO PRIMARY | |
| DRIVER'S LICENSE, STATE OR OTHER ID# | TYPE | ISSUING AGENCY | | EXP DATE | DATE OF BIRTH | | MOTHER'S MAIDEN NAME | | |
| RESIDENTIAL ADDRESS | | | CITY | | STATE | | ZIP | | |
| NUMBER OF YEARS AT ADDRESS | PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS) | | | <input type="checkbox"/> BUYING/OWN WITH MORTGAGE <input type="checkbox"/> GOVERNMENT QUARTERS <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OWN FREE AND CLEAR <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | | | | | |
| MAILING ADDRESS | | | CITY | | STATE | | ZIP | | |
| HOME PHONE # | WORK / DAYTIME PHONE # | | CELL PHONE # | | E-MAIL ADDRESS | | | | |
| EMPLOYER (IF RETIRED, FORMER EMPLOYER NAME) | | SCHOOL / OCCUPATION | | | EMPLOYER OR SCHOOL PHONE # | | <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT | | |
| EMPLOYER OR SCHOOL ADDRESS | | CITY | STATE | ZIP | EMPLOYMENT DURATION | | | | |
| SIGN HERE | JOINT MEMBER SIGNATURE ▶ | | | | | | Date ▶ | | |
| <input type="checkbox"/> CHECK HERE IF THERE ARE ADDITIONAL JOINT OWNERS | | | | | | | | | |



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800.854.9846 | Kinecta.org

MASTER MEMBERSHIP APPLICATION/SIGNATURE CARD

| | | | |
|--|---|----------------------------------|---------------------------------------|
| | MEMBERSHIP # _____ | | |
| SECTION 1 (cont'd) | MEMBERSHIP ELIGIBILITY I AM ELIGIBLE TO JOIN KINECTA IN ONE OF THE FOLLOWING WAYS: | | |
| | A \$5.00 minimum savings account deposit is required for each member. | | |
| | <input type="checkbox"/> Employee of a Select Employer Group (SEG): Company name _____ <input type="checkbox"/> Community Group (CG): <input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Worship <input type="checkbox"/> Attends School <input type="checkbox"/> Anaheim <input type="checkbox"/> Lancaster <input type="checkbox"/> Rialto <input type="checkbox"/> Santa Ana <input type="checkbox"/> Check ZIP (Requires ZIP Code) _____ <input type="checkbox"/> Associational Group (AG): Associational Common Bond (Locals, PTAs, Churches, etc.) _____ <input type="checkbox"/> Immediate family or household member: Member Name _____ Relationship _____ <input type="checkbox"/> Innovision Society (Must Include Innovision Society Membership Application). Co-Op # _____ | | |
| | USA Patriot Act: Federal law requires that we obtain, verify and record information that identifies each person who opens an account, including joint owners. Within this application, 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. Approval of your application may be delayed pending further verification of your identity. | | |
| SECTION 2 | CONSENT TO CONTACT BY TELEPHONE AND/OR BY TEXT | | |
| | Consent to Contact by Telephone and/or by Text: By signing this document below, I/we (primary account holder, and any joint owners referenced herein) agree that the Credit Union may from time to time make calls and/or send text messages to me/us at any telephone number(s) provided in this master membership application, including any mobile/cellular telephone numbers and/or numbers that are later converted to mobile/cellular telephone numbers, that may or may not result in data usage and/or charges to me/us. This is so the Credit Union can service and keep me informed about my membership, any and all of my/our account(s), any loans and transactions I/we have executed or may enter into with Kinecta, and/or to provide me/us with fraud, security breach, or identity theft alerts. I/We also agree that I/we may be contacted by the Credit Union service providers and/or any third party making such calls or sending such text messages on its behalf. The manner in which these calls or text messages may be made to me/us include, but are not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems. I/We understand that I/we am/are not required to provide consent as a condition to receiving the Credit Union's products or services. I/We may change the telephone number(s) provided at any time by contacting the Credit Union at 1-800-854-9846. | | |
| | By also initialing this paragraph below, I/we further authorize Kinecta to contact me/us as set forth above, by making calls and/or sending text messages to me/us at any telephone number(s) I/we have provided in this master membership application, through, but not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems, to offer products and services that might be of interest to me/us. I/We understand that I/we am/are not required to provide this additional consent as a condition to receiving the Credit Union's products or services. | | |
| Primary Initials _____ Joint Initials _____ Joint Initials _____ Joint Initials _____ Joint Initials _____ Joint Initials _____ | | | |
| SECTION 3 | PART 1 Taxpayer Identification Number (TIN) | | |
| | Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). | TAX IDENTIFICATION NUMBER | EMPLOYER IDENTIFICATION NUMBER |
| | PART 2 Certification | | |
| | Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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. The FATCA code certification does not apply. Certification instructions. You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. | | |
| SIGN HERE | Signature of U.S. person ▶ | Date ▶ | |
| <input type="checkbox"/> CHECK BOX IF NON-RESIDENT ALIEN AND DO NOT SIGN THE SIGNATURE LINE ABOVE. MUST COMPLETE A W-8BEN INSTEAD. | | | |
| SECTION 4 | ACCOUNT AGREEMENT | | |
| | This membership application controls all accounts opened and listed in the account number section at the top of this form except Business Accounts. Individual Retirement Accounts (IRA) require an additional agreement to be executed. I/We understand that if I/we wish to open new accounts under terms and conditions other than those set forth herein, or with different ownership, I/we must execute a new Master Membership Application/Signature Card ("agreement"). I/We also understand that the terms and conditions set forth in any subsequently-executed agreement shall apply only to those account numbers listed in the new agreement. | | |
| | I/we authorize the credit union to obtain consumer credit reports for the purpose of evaluating this application and in the future for other legitimate purposes associated with my/our account(s), including but not limited to, account review and servicing and collections purposes. I/we authorize and instruct Kinecta FCU (Kinecta) to obtain my/our consumer credit report(s) from Kinecta's designated credit reporting agency(ies), now or in the future, to determine my/our eligibility for products or services, including in order to market to me/us. I/We understand that I/we may withdraw this instruction by contacting Kinecta's Member Contact Center. Upon my/our request, you will provide me/us with the name(s) and address(es) of the consumer reporting agency(ies) that furnished the report(s). I/We agree to conform to the Credit Union by-laws, the terms and conditions of the Membership Application/Signature Card and Agreements & Disclosures (Share Accounts, Truth in Savings, Electronic Services and Privacy Policy). I/We hereby apply for membership and I/we authorize Kinecta Federal Credit Union to verify all the information supplied herein; and to verify my/our creditworthiness. All applicants must provide two forms of valid identification including a state or U.S. Government-issued photo ID. As required by federal law, the Credit Union must verify the identity of each person seeking to open an account (including joint owners and persons added as signatories to an account) and must maintain records of the information used to verify each person's identity. | | |
| | PRIMARY MEMBER SIGNATURE: _____ DATE: _____ | | |
| | JOINT MEMBER SIGNATURE: _____ DATE: _____ | | |
| | JOINT MEMBER SIGNATURE: _____ DATE: _____ | | |
| | JOINT MEMBER SIGNATURE: _____ DATE: _____ | | |

| | | |
|----------------------------|----------------|------------|
| FOR OFFICE USE ONLY | | |
| REP # _____ | OFFICE # _____ | DATE _____ |



MEMBERSHIP APPLICATION

| MEMBER INFORMATION | | | |
|--------------------|--------------------------------|---------------|-------------|
| SECTION 1 | LAST NAME | | FIRST NAME |
| | HOME ADDRESS | CITY | STATE & ZIP |
| | MAILING ADDRESS (if different) | CITY | STATE & ZIP |
| | HOME PHONE # | EMAIL ADDRESS | |

I am applying for membership in Innovision Society, a cooperative organization run by its members for their mutual benefit. I will abide by the membership rules and objectives stated in the cooperative's by-laws, or I may have my membership revoked.*

- Member benefits include:
 - All members aged 18 or older may cast one (1) vote on all business of the cooperative requiring a member vote.
 - Members and immediate family member(s) may apply for Innovision college scholarships awarded annually.
 - Members and immediate family member(s) may access the financial education tools and resources provided by the cooperative.
 - Members of Innovision are eligible for membership in Kinecta Federal Credit Union.
 - Membership in Innovision Society is held individually by the signer below.
 - The membership fee is \$10 (the membership fee may be paid on my behalf).
 - After two years, you will receive a renewal notice. If you wish to continue to receive membership benefits, the annual membership renewal fee is \$10.

I agree that an electronically transmitted copy of this document shall be considered as an original document.

I would like to receive all Innovision Society member notices in electronic format (e-mail.)

MEMBER SIGNATURE: _____ DATE: _____

| FOR INTERNAL USE ONLY | | | |
|-----------------------------|------|-------|----------|
| MEMBERSHIP NUMBER | | | |
| MEMBERSHIP OFFICER APPROVAL | DATE | REP # | OFFICE # |