

FOR OFFICE USE ONLY

MEMBERSHIP OFFICER APPROVAL

MASTER MEMBERSHIP APPLICATION/SIGNATURE CARD

Membership #										
PRIMARY ACCOUNT HOLDER INFORMATION TRUST - CUTMA - COOGAN - REPRESENTATIVE PAYEE - CONSERVATORSHIP - ESTATE - GUARDIANSHIP - BLOCKED - ONLINE - MAIL - IN PERSON										
LAST NAME	MS. MR. MRS. FIRST NAME					N	MIDDLE INITIAL			
DRIVER'S LICENSE, STATE OR OTHER ID # TYL	SE, STATE OR OTHER ID # TYPE ISSUING AGENCY EXP DATE DATE OF BIRTH			МС	MOTHER'S MAIDEN NAME					
RESIDENTIAL ADDRESS			CITY		STATE	Z	IP			
NUMBER OF YEARS AT ADDRESS	PREVIOUS ADI	DRESS (IF LESS THAN 2	YEARS AT CURRENT ADDRESS)	□ RENT □ (DWN FREE AND CLEAR ☐ BUYING/OWN WITH N PARENTS ☐ GOVERNMENT QUARTERS ☐ OT	MORTGAGE THER				
MAILING ADDRESS			CITY		STATE	Z	IP			
HOME PHONE #	HOME PHONE # WORK / DAYTIME PHONE # CELL PHONE # E-MAIL ADDRESS									
EMPLOYER (IF RETIRED, FORMER EMPLOYER NA	AME) S	SCHOOL / OCCUPATION		EMPLOYER OR S	SCHOOL PHONE #	□ RETI				
EMPLOYER OR SCHOOL ADDRESS		CITY		STATE		ZIP	□ STUDENT			
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 daling 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. 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.										
MEMBERSHIP ELIGIBILITY	Primary Initials Joint Initials Joint Initials MEMBERSHIP ELIGIBILITY I AM ELIGIBLE TO JOIN KINECTA IN ONE OF THE FOLLOWING WAYS:									
□ Community Group (CG): □ Live □ Wor □ Associational Group (AG): Associational C □ Immediate Family Member: Member Nam □ Consumers' Cooperative Society Of Santa USA Patriot Act: Federal law requires the	□ Employee of a Select Employer Group (SEG): Company name □ Community Group (CG): □ Live □ Work □ Worship □ Attends School □ Anaheim □ Lancaster □ Rialto □ Santa Ana □ Check ZIP (Requires ZIP Code) □ Associational Group (AG): Associational Common Bond (Locals, PTAs, Churches, etc.) □ Immediate Family Member: Member Name □ Relationship □ Consumers' Cooperative Society Of Santa Monica, Inc. (Must Include CCSSM Membership Application). 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									
PRIMARY ACCOUNTS (PRIMARY ACCOUNTS (Check all that apply.) Savings Checking Certificate Money Market Holiday Account									
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).						ntification 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 Signature of Here U.S. person Date										
ACCOUNT AGREEMENT										
agreement to be executed. I/We understand	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									
limited to, account review and servicing and of I/We agree to conform to the Credit Union by- and Privacy Policy). I hereby apply for membe two forms of valid identification including a sta	collections purp -laws, the terms ership and I/we ate or U.S. Gove	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. 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 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 ACCOUNT HOLDER	SIGNATUF	RE:			DATE	≣:				

Page 1 of 2 KFCU-MEM18166-11/17

REP#

OFFICE#

DATE



MASTER MEMBERSHIP APPLICATION/SIGNATURE CARD

Membership #	Me	mb	ers	hi	p#
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MAILING ADDRESS CITY STATE ZIP HOME PHONE # WORK / DAYTIME PHONE # CELL PHONE # CELL PHONE # E-MAIL ADDRESS EMPLOYER OR SCHOOL PHONE # EMPLOYER OR SCHOOL PHONE # LATE JOINT OWNER SIGNATURE JOINT OWNER INFORMATION #2 LAST NAME MS. MR. MRS. MS. MR. MRS. FIRST NAME DRIVER'S LICENSE, STATE OR OTHER ID# TYPE ISSUING AGENCY STATE DATE DATE DATE DATE DATE DATE JOINT OWNER SIGNATURE JOINT OWNER INFORMATION #2 LAST NAME MS. MR. MRS. FIRST NAME DRIVER'S LICENSE, STATE OR OTHER ID# TYPE ISSUING AGENCY EXP DATE DATE OF BIRTH MOTHER'S MAIDEN NAME RESIDENTIAL ADDRESS PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS) DIVING/OWN WITH MORTGAGE GOVERNMENT CUARTERS JULY WITH PARENT MAILING ADDRESS CITY STATE ZIP NUMBER OF YEARS AT ADDRESS PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS) DIVING/OWN WITH MORTGAGE GOVERNMENT CUARTERS JULY WITH PARENT MAILING ADDRESS CITY STATE ZIP HOME PHONE # WORK / DAYTIME PHONE # CELL PHONE # E-MAIL ADDRESS EMPLOYER OR SCHOOL PHONE # J RETIRED EMPLOYER OR SCHOOL PHONE # J RETIRED															
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MEMBERSHIP APPLICATION

	MEMBER INFORMATION									
	LAST NAME	MS. MR. MRS. (ci	rcle one)	FIRST NAME & MIDDLE INI	TIAL					
SECTION 1	RESIDENTIAL ADDRESS	CITY			STATE & ZIP					
SE	MAILING ADDRESS		CITY			STATE & ZIP				
	HOME PHONE#	WORK/DAYTIME PHONE #		EMAIL A	DDRESS					
k c	I am applying for membership in the Consumers Cooperative Society of Santa Monica, Inc. (Santa Monica Co-Op). I agree to abide by the by-laws of the Santa Monica Co-Op and to cooperate with the other members in promoting the objectives of the organization as set forth in the by-laws. A copy of the by-laws is on file at the Consumers Cooperative Society of Santa Monica, Inc., 3027 Wilshire Blvd., Santa Monica, California 90403-2301, and available online at www.ccssm.org under "About." A description of the Santa Monica Co-Op and its objectives will be provided to me either in person, by mail or email. • Membership in the Santa Monica Co-Op is held as a single person. • Membership becomes effective on receipt of a \$10 membership share. • Continued membership in the Santa Monica Co-Op will be subject to an annual membership renewal fee of \$10.00. • Except for an individual under the age of eighteen (18), all members shall have one (1) vote on all voting occasions.									
	I agree that an electronically transmitted copy of this document shall be considered as an original document and shall be admissible as evidence in any court of competent jurisdiction.									
	☐ I would like to receive all Co-Op member notices in electronic format (e-mail.)									
ľ	MEMBER SIGNATURE:				DATE:					
		FOR	CO-OP USE	ONLY						
CC	O-OP MEMBERSHIP NUMBER									

FOR CO	O-OP USE ONLY		
CO-OP MEMBERSHIP NUMBER			
MEMBERSHIP OFFICER APPROVAL	DATE:	REP#	OFFICE#