

Membership #

NEW MEMBERSHIP
 ACCOUNT CHANGE

SECTION 1

PRIMARY ACCOUNT HOLDER INFORMATION

TRUST CUTMA COOGAN REPRESENTATIVE PAYEE CONSERVATORSHIP ESTATE GUARDIANSHIP BLOCKED ONLINE MAIL IN PERSON

LAST NAME		MS. <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/>	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"/> RENT <input type="checkbox"/> OWN FREE AND CLEAR <input type="checkbox"/> BUYING/OWN WITH MORTGAGE <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> GOVERNMENT QUARTERS <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
EMPLOYER OR SCHOOL ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> 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 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 _____

SECTION 2

MEMBERSHIP ELIGIBILITY

I AM ELIGIBLE TO JOIN KINECTA IN ONE OF THE FOLLOWING WAYS:

- A \$5.00 minimum savings account deposit is required for membership.
- 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). 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 3

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).	Social Security Number	Employer Identification Number
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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 ▶
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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. 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 SIGNATURE: _____ DATE: _____

CHECK HERE IF PAGE 2 IS REQUIRED FOR JOINT OR BENEFICIARY INFORMATION

FOR OFFICE USE ONLY

MEMBERSHIP OFFICER APPROVAL	REP#	OFFICE#	DATE
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Membership # _____

SECTION 6

BENEFICIARY INFORMATION #1 PAY-ON-DEATH PROVISIONS: IN THE EVENT OF MY DEATH, I HEREBY DESIGNATE THE FOLLOWING BENEFICIARY TO SHARE EQUALLY. THIS DESIGNATION IS APPLICABLE TO ALL SELECTED ACCOUNTS BELOW UNLESS OTHERWISE INDICATED.

PAYEE #1 LAST NAME		MS. MR. MRS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FIRST NAME		MIDDLE INITIAL
RESIDENTIAL ADDRESS		CITY		STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY #		RELATIONSHIP		
APPLICABLE ACCOUNTS <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Certificate <input type="checkbox"/> Money Market <input type="checkbox"/> Holiday Account					

BENEFICIARY INFORMATION #2 PAY-ON-DEATH PROVISIONS: IN THE EVENT OF MY DEATH, I HEREBY DESIGNATE THE FOLLOWING BENEFICIARY TO SHARE EQUALLY. THIS DESIGNATION IS APPLICABLE TO ALL SELECTED ACCOUNTS BELOW UNLESS OTHERWISE INDICATED.

PAYEE #2 LAST NAME		MS. MR. MRS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FIRST NAME		MIDDLE INITIAL
RESIDENTIAL ADDRESS		CITY		STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY #		RELATIONSHIP		
APPLICABLE ACCOUNTS <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Certificate <input type="checkbox"/> Money Market <input type="checkbox"/> Holiday Account					

JOINT OWNER INFORMATION #1 (Check all that apply. Only accounts checked will be joint.) Savings Checking Certificate Money Market Holiday Account

LAST NAME		MS. MR. MRS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY #	
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"/> OTHER <input type="checkbox"/> OWN FREE AND CLEAR <input type="checkbox"/> RENT		
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	

SECTION 7

JOINT OWNER SIGNATURE _____ DATE _____

JOINT OWNER INFORMATION #2 (Check all that apply. Only accounts checked will be joint.) Savings Checking Certificate Money Market Holiday Account

LAST NAME		MS. MR. MRS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY #	
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"/> OTHER <input type="checkbox"/> OWN FREE AND CLEAR <input type="checkbox"/> RENT		
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	

JOINT OWNER SIGNATURE _____ DATE _____

PRIMARY ACCOUNT HOLDER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

MEMBERSHIP OFFICER APPROVAL	REP#	OFFICE#	DATE
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MEMBERSHIP APPLICATION

MEMBER INFORMATION			
SECTION 1	LAST NAME	MS. MR. MRS. (circle one)	FIRST NAME & MIDDLE INITIAL
	RESIDENTIAL ADDRESS	CITY	STATE & ZIP
	MAILING ADDRESS	CITY	STATE & ZIP
	HOME PHONE#	WORK/DAYTIME PHONE #	EMAIL ADDRESS

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.)

MEMBER SIGNATURE: _____ DATE: _____

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