



MEMBERSHIP APPLICATION & ACCOUNT CARD

Important Information About Procedures for Obtaining a New Account: 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. What this means 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 and copy your driver license or valid identification acceptable to University Credit Union and other identifying information.

PRIMARY OWNER OF ACCOUNT

LAST NAME (PLEASE PRINT)		FIRST NAME	MIDDLE NAME	GENDER M F	
SOCIAL SECURITY NO. (TAX ID NO.)		DRIVER LIC. # & STATE OR PASSPORT		MEMBERSHIP GROUP AFFILIATION	
DATE OF BIRTH		PLACE OF BIRTH		MOTHER'S MAIDEN NAME	
RESIDENCE ADDRESS (NOT P.O. BOX)		CITY	STATE	ZIP	LENGTH OF RESIDENCE Yrs Mos
MAILING ADDRESS (CAN BE P.O. BOX)		CITY	STATE	ZIP	
PREVIOUS ADDRESS (IF 2 YEARS OR LESS)		CITY	STATE	ZIP	
EMPLOYER		OCCUPATION		WORK PHONE & EXT.	
CELL PHONE		E-MAIL ADDRESS		HOME PHONE	

JOINT OWNER

LAST NAME (PLEASE PRINT)		FIRST NAME	MIDDLE NAME	GENDER M F	
SOCIAL SECURITY NO. (TAX ID NO.)		DRIVER'S LIC. # & STATE OR PASSPORT		DATE OF BIRTH	PLACE OF BIRTH
RESIDENCE ADDRESS (NOT P.O. BOX)		CITY	STATE	ZIP	LENGTH OF RESIDENCE Yrs Mos
MAILING ADDRESS (CAN BE P.O. BOX)		CITY	STATE	ZIP	MOTHER'S MAIDEN NAME
PREVIOUS ADDRESS (IF 2 YEARS OR LESS)		CITY	STATE	ZIP	RELATIONSHIP TO PRIMARY OWNER
EMPLOYER		OCCUPATION		WORK PHONE & EXT.	
CELL PHONE		E-MAIL ADDRESS		HOME PHONE	

FOR UCU USE ONLY:

ACCOUNT NO. _____

MEMBERSHIP APPROVED BY: _____ DATE _____



are invited to join

We've made it easy for you

Simply complete this application by typing your information directly on the form, then print, initial (where applicable) and sign it. Or, if you prefer, print it and complete it by hand.

Submit the application with your opening deposit, along with a copy of

- Your identification (i.e. current valid Driver License or Passport)
- Your employee ID, current paycheck stub or school ID for eligibility

If you are being sponsored by a family member, be sure to include a

- Completed Certification of Sponsorship form, available from our website at www.ucu.org.

Bring them either to our main office, our UCLA branch or mail to:

University Credit Union
 Attn: New Accounts
 1500 S. Sepulveda Blvd.
 Los Angeles, CA 90025

University Credit Union welcomes you and is looking forward to serving your financial needs, now and in the future!



Please indicate which account(s) you wish to open and the amount of your opening deposit for each.

Be sure to make your check payable to University Credit Union and include the copies of the necessary items listed on the reverse side.

Savings Account \$ _____
 (Required for membership; minimum opening deposit \$5)

Checking Account
 (Minimum opening deposit \$50)

Free Checking \$ _____

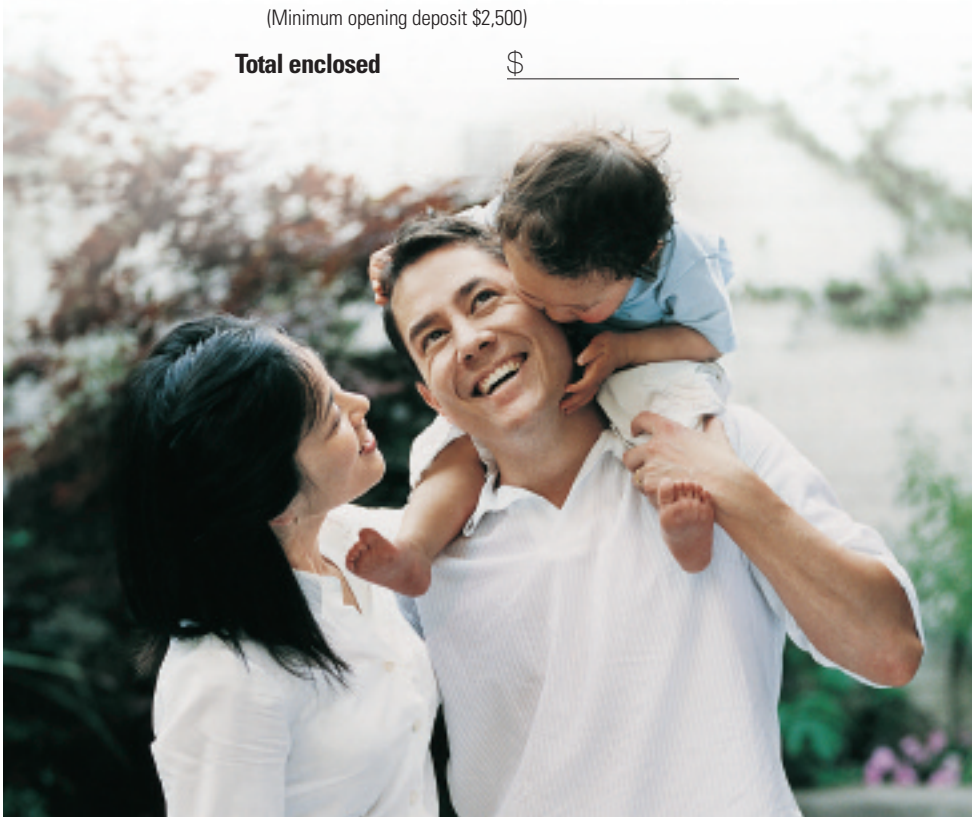
Interest Checking \$ _____

I understand that one box of basic design checks will be ordered and a printing fee will apply, unless I have indicated otherwise.

Do not order checks _____
 Initials

Market Rate Account \$ _____
 (Minimum opening deposit \$2,500)

Total enclosed \$ _____



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PAY-ON-DEATH ACCOUNT (P.O.D.) PAYEE SUCCESSOR DESIGNATION

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 this Card unless otherwise indicated in writing. (NOTE: If you wish to name additional payees, please attach a separate sheet.)

P.O.D. PAYEE FULL NAME (PLEASE PRINT)	DATE OF BIRTH	RELATIONSHIP	GENDER M - F	SOCIAL SECURITY NO. (TAX ID NO.)
STREET ADDRESS	CITY	STATE	ZIP	PHONE

P.O.D. PAYEE FULL NAME (PLEASE PRINT)	DATE OF BIRTH	RELATIONSHIP	GENDER M F	SOCIAL SECURITY NO. (TAX ID NO.)
STREET ADDRESS	CITY	STATE	ZIP	PHONE

APPLICATION FOR LOAN

To apply for the following loans with UCU, please complete this section. All signers below will be obligated for repayment on the loan(s). PROOF OF INCOME IS REQUIRED. INCLUDE COPIES OF CURRENT PAY STUB(S) FOR ONE (1) MONTH. IF SELF-EMPLOYED, ATTACH MOST RECENT TWO (2) YEARS INCOME TAX RETURNS.

NEW/USED CAR \$ _____ OVERDRAFT PROTECTION \$ _____
 PERSONAL LINE OF CREDIT \$ _____ COMPUTER LOAN \$ _____
 PERSONAL LOAN \$ _____ PURPOSE OF PERSONAL LOAN _____

PRIMARY APPLICANT'S EMPLOYER	HIRE DATE	MONTHLY SALARY
CHECK HOUSING STATUS: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		MORTGAGE/RENT/HOUSING MONTHLY PAYMENT:
JOINT APPLICANT'S EMPLOYER	HIRE DATE	MONTHLY SALARY
WE INTEND TO APPLY FOR JOINT CREDIT: APPLICANT INITIALS _____ CO-APPLICANT INITIALS _____		

TIN CERTIFICATE AND BACKUP WITHHOLDING INFORMATION

By signing below, 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. person (including a U.S. resident alien). 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

TERMS AND CONDITIONS

By signing below, I apply for membership in University Credit Union and agree to be bound by the bylaws, regulations, policies, loan agreements, all applicable account agreements and other rules and practices of the Credit Union. By signing below I further acknowledge receipt of the Membership & Accounts Agreement booklet.

I hereby also apply for a Debit Card or an Automated Teller Machine (ATM) Card and/or eBanking PIN unless I cross out such items and initial the deletion.

I understand and agree that this Membership Application & Account Card and the applicable account agreement terms and conditions shall govern all accounts I open with the same ownership form as set forth on this Card. I understand and agree I will execute additional Card(s) as you request to open accounts with a different ownership form. If I wish to change ownership or change a pay-on-death beneficiary I will have to sign another Card at your direction.

I understand you may limit the products or services to me at any time, without advance notice. I authorize you to obtain and periodically (re)verify my employment, credit and checking account information as you deem appropriate from time to time. I declare under penalty of perjury that all information provided is true and correct.

PRIMARY OWNER'S SIGNATURE X	DATE
JOINT OWNER'S SIGNATURE X	DATE

FOR UCU USE ONLY	ACCT NO. _____
MBR LAST NAME _____	MBR FIRST NAME _____
Teller No. _____	CheckPoint with OFAC _____
TeleCheck No. _____	ID Verified by _____