



ACCOUNT # _____ APPLICATION

SECTION 1	PRIMARY INFORMATION			<input type="checkbox"/> NEW MEMBERSHIP		<input type="checkbox"/> UPDATE MEMBERSHIP		<input type="checkbox"/> CLIENT / NON MEMBER	
	LAST NAME			FIRST NAME & MIDDLE NAME			SOCIAL SECURITY NUMBER / ITIN		
	TYPE OF ID	ID #	ID EXP DATE (MONTH/YEAR)	MOTHER'S MAIDEN NAME			DATE OF BIRTH		
	PHYSICAL ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT			CITY			STATE & ZIP		
	MAILING ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS PHYSICAL			CITY			STATE & ZIP		
	EMPLOYER NAME			OCCUPATION			E-MAIL ADDRESS		
	HOME PHONE #			WORK PHONE #			MOBILE PHONE #		
	PERSONAL REFERENCE NAME (FIRST/LAST)			REFERENCE PHONE #					
SECTION 2	ADDITIONAL INFORMATION								
	<p>Providing this additional information is optional. We ask for it because it helps us to better understand who our members are and how we can better serve them. It also helps us when writing proposals to try and raise money for the credit union and when reporting on the same. The Credit Union does not discriminate on the basis of race, religion, national heritage, ethnic background, gender or sexual preference.</p>								
	1. What is your primary racial background?			<input type="checkbox"/> African American / Black		<input type="checkbox"/> White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	
				<input type="checkbox"/> American Indian / Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Other (please identify) _____	
2. What is your primary ethnic background?			<input type="checkbox"/> Hispanic / Latino			<input type="checkbox"/> Non- Hispanic			
3. What is your gender?			<input type="checkbox"/> Male		<input type="checkbox"/> Female				
4. What is your approximate household income?			<input type="checkbox"/> <\$25,000		<input type="checkbox"/> \$25,000 - \$34,999		<input type="checkbox"/> \$35,000 - \$44,999		<input type="checkbox"/> \$45,000 - \$54,999
			<input type="checkbox"/> \$55,000 - \$64,999		<input type="checkbox"/> \$65,000 - \$74,999		<input type="checkbox"/> \$75,000 - \$84,999		<input type="checkbox"/> \$85,000 - \$94,999
			<input type="checkbox"/> \$95,000 - \$104,999		<input type="checkbox"/> \$105,000 - \$114,999		<input type="checkbox"/> >\$115,000		
5. I prefer not to share this information with the Credit Union _____					6. How did you hear about us? _____				
SECTION 3	CHECK MARK THE APPROPRIATE MEMBERSHIP ELIGIBILITY STATUS								
	<input type="checkbox"/> 1. Select Employee Group or Association								
	<input type="checkbox"/> 2. Places of Service								
	<input type="checkbox"/> 3. Center for Community Self-Help membership (\$5 Membership fee required) [The Center for Community Self-Help is a 501(c)(3) nonprofit corporation dedicated to creating and protecting ownership and economic opportunity for all, especially for people of color, women, rural residents, and low-wealth families and communities. The Credit Union is affiliated with the Center for Community Self-Help.] I/we affirm our commitment to the mission of the Center for Community Self-Help and acknowledge that I/we are making a \$5 membership contribution to CCSH.								
<input type="checkbox"/> 4. Immediate family member of numbers (1), (2) and (3) above									
SECTION 4	CLIENT / NON MEMBER								
	<p>If you do not wish to open a savings or checking account or to obtain loans from the credit union, you do not have to become a member of the credit union. In this case, you may still cash checks, purchase money orders, send money transfers and use certain other financial services. As a Client / Non-Member of the credit union you are subject to any of the terms and conditions of the credit union's third party vendors, available at any of the credit union branches. By signing below you represent that you have read and understand these terms and conditions and acknowledge that the credit union may share information about these activities with its third party vendors in accordance with applicable federal and state law.</p>								
CLIENT / NON MEMBER Signature ►					Print Name		Date		
SECTION 5	MEMBERSHIP IDENTIFICATION REQUIREMENTS								
	<p>The following documentation and information is required of any person listed on this application as an account holder.</p> <ul style="list-style-type: none"> ▪ Name ▪ Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or other government-issued ID number acceptable to the Credit Union ▪ Date of birth ▪ Proof of address ▪ Copy of a valid driver license, passport, or other government-issued ID card acceptable to the Credit Union 								

SECTION 6

JOINT INFORMATION

Right of Survivorship: We understand that by establishing a joint account under this provision that: (1) any one person named as joint owner in the account may make or direct a withdrawal from the account unless we direct that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon death of the one joint owner the money remaining in the account will not pass by inheritance to heirs of the deceased owner's will, but will belong to the surviving joint owner(s). We DO elect to create the right of survivorship in this account.

JOINT ACCOUNT HOLDER INFORMATION

LAST NAME		FIRST NAME & MIDDLE NAME		SOCIAL SECURITY NUMBER / ITIN
TYPE OF ID	ID #	ID EXP. DATE (MONTH/YEAR)	MOTHER'S MAIDEN NAME	DATE OF BIRTH
PHYSICAL			CITY	STATE & ZIP
MAILING ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS PHYSICAL			CITY	STATE & ZIP
EMPLOYER NAME			OCCUPATION	E-MAIL ADDRESS
HOME PHONE #			WORK PHONE #	MOBILE PHONE #

JOINT OR OTHER CUSTODIAN INFORMATION JOINT POWER OF ATTORNEY REPRESENTATIVE PAYEE/FIDUCIARY EXECUTOR OF ESTATE OTHER/CUSTODIAN

LAST NAME		FIRST NAME & MIDDLE NAME		SOCIAL SECURITY NUMBER / ITIN
TYPE OF ID	ID #	ID EXP. DATE (MONTH/YEAR)	MOTHER'S MAIDEN NAME	DATE OF BIRTH
PHYSICAL ADDRESS			CITY	STATE & ZIP
MAILING ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS PHYSICAL			CITY	STATE & ZIP
EMPLOYER NAME			OCCUPATION	E-MAIL ADDRESS
HOME PHONE #			WORK PHONE #	MOBILE PHONE #

BENEFICIARY INFORMATION

NAME OF BENEFICIARY			CONTACT INFORMATION	
DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP	PERCENTAGE	
NAME OF BENEFICIARY			CONTACT INFORMATION	
DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP	PERCENTAGE	

AGREEMENT AND AUTHORIZATION SIGNATURES & BACKUP WITHHOLDING CERTIFICATION

By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice Disclosure, and Rate and Fee Schedules; and to any amendments the Credit Union makes from time to time, which are incorporated therein. I acknowledge receipt of a copy of the abovementioned disclosures, and any other agreements and disclosures applicable to the accounts and services requested herein. Additionally, I specifically consent and agree that the Credit Union may provide the abovementioned legally required disclosures electronically on the Credit Union website, or in writing, or both.

Under penalty of perjury, I certify that (1) my Social Security Number or Individual Taxpayer Identification Number shown on this form, and given for this/these account(s), if applicable, is my correct Taxpayer Identification Number, and that (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. Cross out item (2) above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Initial this section if you cross out item (2).

Yes, I want to open my Credit Union account(s), and become a member of Self-Help Federal Credit Union, if I am not already a member. I hereby authorize the Credit Union to open the account(s).

Primary Member Signature ►	Date
Joint Member Signature ►	Date
Joint or Other Custodian Signature ►	Date

FOR OFFICE USE ONLY

MEMBERSHIP OFFICER APPROVAL	MSR	BRANCH	DATE
<input type="checkbox"/> OFAC <input type="checkbox"/> MIP <input type="checkbox"/> ChexSystems Comments:			

SECTION 7

SECTION 8

SECTION 9