American First Credit Union — Your dream. Our pursuit.
700 N HARBOR BLVD
LA HABRA, CA 90631

MEMBERSHIP APPLICATION

ACCOUNT NUMBER

1 ELIGIBILITY

☐ I'm eligible to join American First Credit Union (AFCU) because I am (please check one):

☐ Employee Of _____ (Eligible Organization) ☐ Relative of (Name) _____ (Name and relationship of current AFCU Member)

☐ Community (Live, work, worship or attend school within our Community Charter area)

2 MEMBER INFORMATION

Primary Owner Name	Date of Birth	Joint Owner Name	Date of Birth
Home Street Address / Years / ☐ Own ☐ Rent ☐ Live with family		Home Street Address / Years / ☐ Own ☐ Rent ☐ Live with family	
City / State / Zip		City / State / Zip	
Mailing Address / City / State / Zip		Mailing Address / City / State / Zip	
ID No. (State, Driver's Lic., Passport, Military) / State/Country of Issuance / Exp. Date		ID No. (State, Driver's Lic., Passport, Military) / State/Country of Issuance / Exp. Date	
Social Security No.	Mother's Maiden Name or a Password	Social Security No.	Mother's Maiden Name or a Password
Home Phone ( )	Email Address	Home Phone ( )	Email Address
Employer	Occupation / Date of Hire	Employer	Occupation / Date of Hire
Work Phone ( )	Cell Phone ( )	Work Phone ( )	Cell Phone ( )

PAY-ON-DEATH: In the event that all account owners die, the Credit Union is instructed to pay all of the funds remaining in my/our accounts established on this form, plus interest thereon, in the following manner: FIRST to the Credit Union to the extent of any outstanding matured or unmatured debts owed to the Credit Union by any account owner; SECOND, in equal portions to those of the following individuals who remain alive at the time the last account owner dies:

Name of Pay-On-Death Payee	Name of Pay-On-Death Payee
Phone ( ) / Address	Phone ( ) / Address
Relationship / Social Security No.	Relationship / Social Security No.

3 CHOOSE SERVICE AND INDICATE INITIAL DEPOSIT (Contact the Credit Union for Certificate and IRA Accounts)

☐ Membership Fee ($5.00) ..... $ _____

☐ Regular Savings Account ($50.00 minimum deposit) ..... $ _____

If I am opening a Savings Account only, I can avoid a monthly fee by maintaining a minimum balance as listed in your current Schedule of Fees.

☐ Youth Savings Account

☐ Safari Club (0-12 years) ☐ Start Smart (13-17 years) ..... $ _____

☐ Checking Account w/Visa® Debit Card ($50.00 minimum deposit)

☐ Personal Rewards Checking ☐ Earnings Rewards Checking ..... $ _____

☐ Money Market Account

☐ Regular ($2,500 min. deposit) ☐ Premium - 3 Tiers ($10,000 min. deposit) ..... $ _____

TOTAL ENCLOSED $ _____

4 DIRECT DEPOSIT / AUTOMATIC TRANSFERS

Requires 2-3 pay periods to activate. Some employers do not offer this option or may not allow the credit union to process the request on my behalf.

☐ I want Direct Deposit

I am paid: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly

☐ Deposit my entire paycheck to Checking

☐ Deposit my entire paycheck as follows: Savings: $ _____ Checking: $ _____ Other: _____ $ _____

Balance to: ☐ Checking ☐ Savings

5 SOCIAL SECURITY NO. / TAXPAYER I.D.

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; (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 withholdings 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). Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you 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.

6 ACKNOWLEDGEMENT & SIGNATURE

IMPORTANT INFORMATION - 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. When I open an account, you will ask for my name, address, date of birth and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

SEE TERMS AND CONDITIONS ON REVERSE

By signing below, I acknowledge that I have read and understand the Important Information above and the Terms and Conditions on reverse.
Note: The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____ Primary Owner Signature — Date

X _____ Joint Owner Signature — Date

FOR CREDIT UNION USE ONLY CHEX: ☐ CLR ☐ CSN OFAC: ☐ MBR ☐ JO ☐ POD Relative's Acct No. _____ ☐ N/A

Opened by _____ / Opened Date _____ Approved By _____ Audited by _____ / Audited Date _____