



P.O. Box 26406  
 Oklahoma City, OK 73126  
 405/682-1990  
 1-800-448-1990  
 www.faaecu.org

## APPLICATION FOR MEMBERSHIP

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT INCLUDING LOANS and SAFE DEPOSIT BOXES** – 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 to 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 your driver's license or other identifying documents.

All of the terms, conditions, type of account ownership, account selection and other information indicated on this form apply to all of the accounts listed below unless FAA Credit Union (FAACU) is notified in writing of a change.

Member Name \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 \_\_\_\_\_ ID # \_\_\_\_\_ ST/Ctry \_\_\_\_\_ Exp \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ Code Word/Place of Birth \_\_\_\_\_  
 Employer **and** Job Title or Position \_\_\_\_\_  
 Eligibility for Membership \_\_\_\_\_

**Account(s):**  Share Draft Checking  Sub Account **Product(s):**  Flightline/Mobile Banking/TARA  
 Money Market  Visa Check Card

### JOINT ACCOUNT OWNERSHIP

Member Name \_\_\_\_\_ Joint Owner Primary # \_\_\_\_\_  
 Address \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 \_\_\_\_\_ ID # \_\_\_\_\_ ST/Ctry \_\_\_\_\_ Exp \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ Code Word/Place of Birth \_\_\_\_\_  
 Employer **and** Job Title or Position \_\_\_\_\_ Relation to Owner \_\_\_\_\_

Member Name \_\_\_\_\_ Joint Owner Primary # \_\_\_\_\_  
 Address \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 \_\_\_\_\_ ID # \_\_\_\_\_ ST/Ctry \_\_\_\_\_ Exp \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ Code Word/Place of Birth \_\_\_\_\_  
 Employer **and** Job Title or Position \_\_\_\_\_ Relation to Owner \_\_\_\_\_

**Add  POA or  Guardian or  Rep. Payee** - Add the following fiduciary(ies) on the following:  
 [Note: You cannot add a POA/Rep Payee to a trust account.]

All Share Accounts **or**  Designate Specific Accounts: \_\_\_\_\_

Fiduciary 1 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Phone: Home \_\_\_\_\_

Fiduciary 2 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Phone: Home \_\_\_\_\_

Work \_\_\_\_\_  
Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Employer \_\_\_\_\_

Individual Fiduciary OR  Co-Fiduciary  
Co-Fiduciary with whom: \_\_\_\_\_  
Can act independently of one another?  Yes  No

Alternate Fiduciary 1 \_\_\_\_\_  
Address \_\_\_\_\_  
SSN \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Employer \_\_\_\_\_

Individual Fiduciary or  Co-Fiduciary  
Co-Fiduciary with whom: \_\_\_\_\_  
Can act independently of one another?  Yes  No

Work \_\_\_\_\_  
Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Employer \_\_\_\_\_

Individual Fiduciary OR  Co-Fiduciary  
Co-Fiduciary with whom: \_\_\_\_\_  
Can act independently of one another?  Yes  No

Alternate Fiduciary 2 \_\_\_\_\_  
Address \_\_\_\_\_  
SSN \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Employer \_\_\_\_\_

Individual Fiduciary or  Co-Fiduciary  
Co-Fiduciary with whom: \_\_\_\_\_  
Can act independently of one another?  Yes  No

The FAA Credit Union is hereby authorized to recognize any of the signatures subscribed on this document in the payment of funds of the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the credit union that all money in the account(s) or deposited in to the account(s), by any or all of the joint owners, will be subject to the withdrawal or receipt by any of them, and payment to any of them or the survivor or survivors shall be valid and they agree to discharge the credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. Any or all of the joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union. The right or authority of the credit union under this agreement shall not be changed or terminated by the owners, or any of them except by written notice to the credit union which shall not affect transactions previously made.

**DESIGNATION OF BENEFICIARY**

Beneficiary \_\_\_\_\_ %  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Relationship to beneficiary(ies) \_\_\_\_\_  
If the Beneficiary is a minor, please indicate a Custodian: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Relationship to Custodian \_\_\_\_\_

Beneficiary \_\_\_\_\_ %  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Relationship to beneficiary(ies) \_\_\_\_\_  
If the Beneficiary is a minor, please indicate a Custodian: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Relationship to Custodian \_\_\_\_\_

POD beneficiaries are optional. The beneficiary(ies) shall be beneficiary to all sub accounts (with the exception of Individual Retirement Accounts and Trust Accounts) offered by the credit union unless otherwise designated. I reserve the right to change beneficiary(ies) by execution of a membership change card. If this is a joint account, upon my death, all funds would become the property of the joint owners. Funds cannot be transferred to a beneficiary unless all owners are deceased. Payment of funds to the designated beneficiary (ies) as appointed by myself under this contract will discharge the credit union from any and all liability to the extent of such payment.

**CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACK UP WITHHOLDING**

The number shown on this form is my correct taxpayer identification number. Under penalties of perjury, I certify the statements in this section and that I am a U.S. person (including a U.S. resident alien).

I **am not** subject to backup withholding as a result of a failure to report all interest or dividends **or** the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

**CONSUMER CREDIT REPORT & CSA AUTHORIZATION**

**FAA CU will pull a consumer credit report on you for the purposes of qualifying you for the services you have requested and as part of its member identification program. By signing this Application you hereby provide FAA CU authorization to obtain the consumer credit report. Inquiries have the potential to impact your credit score.**

\_\_\_\_\_ (initial(s)) Further, I hereby request and authorize FAA Credit Union to utilize my consumer credit report to conduct a credit score analysis to determine what additional products and services I may be eligible for in an effort to lower my payments and save me money.

**ELECTRONIC DISCLOSURES**

I do hereby elect to receive electronic statements, letters, notices and disclosures from FAACU. By signing below, I acknowledge that I have received, consent to and agree to the User Agreement and Consent for Electronic Disclosures through the FAACU Flightline service. My electronic statements, letters, notices and disclosures should be delivered to the following e-mail address: \_\_\_\_\_.

**SIGNATURES/AUTHORIZATION**

By signing below, you certify that the information on this Membership Application is complete, true and submitted for the purpose of obtaining the accounts and services requested. You agree: You acknowledge receipt of and agree to the terms and conditions of the Membership Application, Truth in Savings Rate and Fee Schedule, Account Agreements including the Funds Availability Policy Disclosure, Visa Check Card Disclosure Statement, Online/Mobile/TARA Agreement and Disclosure, if applicable, and to any amendment FAA Credit Union makes from time to time which are incorporated herein.

**\*\*\* ATTACH PHOTOCOPY OF UNEXPIRED DRIVERS LICENSE(S) IF RETURNING BY MAIL \*\*\***

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

**For Credit Union Use Only:**

Acct Number

Employee

Date

Branch

