



Primary Member Name _____

Last 4 of Social Security _____

Member # _____

Additional Services

Please add the following services to my account:

- Joint Owner(s)
- Name Change
- Savings
 - Vacation Club - minimum deposit required ID# _____
 - Holiday Club - minimum deposit required ID# _____
 - Personalized Account - ie tax savings, etc ID# _____
- Certificate ID# _____
- Money Market ID# _____
- Checking
 - Free Checking - non-dividend ID# _____
 - Rewards Checking - earns dividends ID# _____
- Overdraft Protection from:
 - Savings Only
 - Savings, then Personal Line of Credit
 - Personal Line of Credit Only
 - Personal Line of Credit, then Savings
- ATM / Debit Card
- Online Banking
- Loan Type _____

Joint Owner(s) / Name Change

If you did not originally have a Joint Owner(s) on your account and you wish to add one now, please complete the following information. Both the Primary Member and the new Joint Owner(s) must sign in the Authorizations & Signatures Section of this form. A copy of each new Joint Owner's Driver's License is required. **The new Joint Owner(s) must be added to all accounts (except IRAs and loans).**

Name	Social Security #	Date of Birth	Mother's Maiden Name
Address	Driver's License #, State & Expiration	Best Contact Phone #	Alternate Contact Phone #
City, State & Zip	Employer Name	Occupation	eMail Address

Name	Social Security #	Date of Birth	Mother's Maiden Name
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City, State & Zip	Employer Name	Occupation	eMail Address

Loan Request

Employer Address, City, State & Zip	Monthly Income	Date of Hire	Employer Phone #
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Authorization & Signatures

You acknowledge receipt of the Membership Agreement and Disclosure, Rate Sheet, and Schedule of Fees & Charges. By signing below, you agree to accept the terms and conditions applicable to the accounts and services elected and to conform to the bylaws of SCE FCU. You agree that, as permissible by law, SCE FCU may amend the agreement and bylaws from time to time.

SCE FCU must verify the identity of any person seeking to open an account and maintain record of the information used to verify your identity. You authorize SCE FCU to obtain a credit report and information from consumer reporting agencies, public databases and/or government agencies. You understand this will assist, for example, in determining your initial and ongoing eligibility for an account and for making future credit opportunities available to you. You authorize us to give information concerning our experience with you to consumer reporting agencies. You authorize SCE FCU to open additional accounts under this membership agreement in person or by telephone. You understand all applicants listed above will have ownership of any future accounts opened under this membership agreement.

You agree to notify us of any changes in your name, address, phone numbers, email address or beneficiary designations in a timely manner. This agreement supersedes any prior agreements for this account.

Instructions: in the statement below, cross out item 2 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 below and complete a W-8 BEN if you are not a US person.

TIN Certification & Backup Withholding Information – Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because; (a) I am exempt from back up withholding, or (b) I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends; or (c) the IRS has notified me that I am no longer subject to back up withholding; and (3) I am a US person (including a US resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Member Signature Date

Joint Owner Signature Date

Joint Owner Signature Date

Credit Union Use Only

- Opened by / Operator # _____
- Chex Systems / OFAC / credit
 - ID collected
 - Account ID identified
 - ATM / Debit
 - Ordered Checks
- Info Verified by _____ on _____