

JV/Varsity Membership Application

Offer Code	New Member Account #
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Minor Information							
Name (Last Name)	(First Name)	(Middle Name)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone ()	Tax ID/Soc. Sec. #		
Home Address (no PO Boxes)			City	State	Zip		
Mother's Maiden Name	Occupation (if applicable)	ID Type	Number	Issued By	Issued Date / /	Exp. Date / /	Date of Birth / /

Parent/Legal Guardian Joint Owner (Required for all Junior Varsity shares and certain products)							
Name (Last Name)	(First Name)	(Middle Name)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Tax ID/Soc. Sec. #			
Work Phone ()	Driver's License #		State	Issue Date / /	Expiration Date / /		
Home Address (no PO Boxes)			City	State	Zip		
Home Phone ()		Mother's Maiden Name				Date of Birth / /	
Email address (optional)		Occupation			Employer		

Eligibility		
Family Member (Name)	Relationship	Family Member Account # (optional)

Choose Your Products	
<input type="checkbox"/> Yes. I want to be an SchoolsFirst FCU Member. Please enclose \$15 Family Membership fee, if applicable, and \$5 initial deposit. Free Checking Account* (additional \$25 initial deposit enclosed) <input type="checkbox"/> Yes <input type="checkbox"/> No ATM Card**: Minor: <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No 12-Month College Saver Share Certificate*** <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>*Requires a parent/legal guardian as joint owner. Must be age 16 or older with photo ID. Subject to verification through ChexSystems.</i> <i>**Requires a parent/legal guardian as a joint owner. Will be assigned a computer generated Personal Identification Number (PIN).</i> <i>***Requires a parent/legal guardian as joint owner. (Please enclose an additional \$200 minimum opening deposit.)</i>

Beneficiary		
Payable on Death (POD)/Trust Account: In the event of my death, or the death of all owners, I/we designate the following beneficiary(ies) to receive all sums in my/our account, with the exception of IRA accounts, which have a separate designation of beneficiaries.		
Beneficiary Name	Tax ID/Soc. Sec. #	Date of Birth / /
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Disclosures
Membership Disclosure: I, the account holder, certify that I am eligible and hereby apply for Membership to SchoolsFirst Federal Credit Union. The SchoolsFirst FCU Disclosure & Agreement of Terms and Conditions will be sent to me upon the opening of my account. I agree to be bound by its terms and by the credit union bylaws or any amendments thereof. In addition to my signature below, my use of the account will confirm my agreement. I agree that all the information given to SchoolsFirst FCU is true and correct. I authorize the Credit Union to obtain credit reports in connection with this account and with any future credit opportunities. ATM Disclosure: Junior Varsity Members (ages 0-12) may use ATM cards to make deposits only. Varsity Club Members ages 13-15 may make deposits, and have a \$40 daily ATM withdrawal limit. Varsity Club Members age 16-17 may also make deposits, have a daily ATM withdrawal limit of \$100, and a \$100 daily POS limit (with Free Checking). I authorize the Credit Union to issue an ATM card for this account. In addition to my signature below, my use of the card will confirm my agreement to be bound by the terms and conditions of the ATM card disclosure that will be sent to me.

Important Information about Opening a New Account
Under the USA Patriot Act, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. Therefore, when you open an account at SchoolsFirst FCU, we will ask for your name, address, date of birth, and other identifying information. We may also ask to see your driver's license or other form of identification.
Under penalties of perjury, I certify that the taxpayer identification number provided is correct and, unless this box is checked <input type="checkbox"/> I am NOT subject to backup withholding under Section 3406(a)(1)(c) of the IRS Code, and I am a U.S. person. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Minor's Signature _____ Date _____

Parent/Legal Guardian
Joint Owner's Signature _____ Date _____



For more information, please call 800.462.8328, or visit us online at www.SchoolsFirstfcu.org.

Federally insured by NCUA. Share insurance coverage increase from \$100,000 to \$250,000 through 12/31/2013.

Check List

1. Fill out this Membership application.
2. Sign the application at the bottom.
3. Include a photocopy of parent/legal guardian joint owner's drivers license.
4. Enclose a check for \$5 made payable to the minor. (\$5 for initial deposit). A \$15 Membership fee may also be required.
5. If age 16 or older and opening a checking account, include an additional \$25 to open the account and a copy of the minor's photo identification.
6. **Mail everything to: Membership Services, SchoolsFirst FCU, PO Box 11957, Santa Ana, CA 92711-1957**