



Membership/Change of Status Application

PLEASE USE BLACK OR BLUE INK ONLY – PLEASE DO NOT USE WHITE OUT

New Member New Account Change of Status

Member Number: _____

1 ACCOUNT TYPE: (CHECK ALL THAT APPLY)

Individual Joint Minor Shares Ready Checking echecking Money Market Share Certificate Other _____

2 ELIGIBILITY:

- Employee who works at a fire department. Fire department, station & shift: _____
- Eligible through an existing primary member. Member's Name _____ Relationship to member _____ Member's Fire Department _____
- Employee of an eligible organization. Organization's Name _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorist 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 does this mean for 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.

3 PRIMARY MEMBER

Last Name:		First Name:		Middle Initial:	Date of Birth:	SSN#:
Primary ID # (e.g., License #):	Issue Date:	Exp Date:	Secondary ID Type:			
Home Phone:	Mobile:	Email Address:			Mother's Maiden Name:	
Residence Address (Street, City, State, Zip):				Mailing Address (Street, City, State, Zip): <input type="checkbox"/> Same as Residence Address		
Occupation:		Employer Name:			Employer Phone:	

4 JOINT MEMBER (#1 if applicable)

Last Name:		First Name:		Middle Initial:	Date of Birth:	SSN#:
Primary ID # (e.g., License #):	Issue Date:	Exp Date:	Secondary ID Type:		Relationship:	
Home Phone:	Mobile:	Email Address:			Mother's Maiden Name:	
Residence Address (Street, City, State, Zip):				Mailing Address (Street, City, State, Zip): <input type="checkbox"/> Same as Residence Address		
Occupation:		Employer Name:			Employer Phone:	

4 JOINT MEMBER (#2 if applicable)

Last Name:		First Name:		Middle Initial:	Date of Birth:	SSN#:
Primary ID # (e.g., License #):	Issue Date:	Exp Date:	Secondary ID Type:		Relationship:	
Home Phone:	Mobile:	Email Address:			Mother's Maiden Name:	
Residence Address (Street, City, State, Zip):				Mailing Address (Street, City, State, Zip): <input type="checkbox"/> Same as Residence Address		
Occupation:		Employer Name:			Employer Phone:	

5 PRIMARY BENEFICIARIES

Beneficiary Name:	Address:	Date of Birth:	Relationship:	SSN:	Share %:
Beneficiary Name:	Address:	Date of Birth:	Relationship:	SSN:	Share %:
Beneficiary Name:	Address:	Date of Birth:	Relationship:	SSN:	Share %:
Beneficiary Name:	Address:	Date of Birth:	Relationship:	SSN:	Share %:

Note: If no share percentages are given, funds will be disbursed evenly between individuals or entities listed as beneficiaries.

6 REQUEST FOR TAX PAYER INFORMATION (FORM W9)

Under penalties of perjury, I certify that:

1. The social security number provided is correct, and
 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 IRS that I am subject to backup withholding 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 US citizen or a US resident alien, or a partnership, corporation, company or association created or organized in the US or under the laws of the US, an estate or domestic trust, and
 4. I am exempt from FATCA which is the Foreign Account Tax Compliance Act. The act requires US persons who live outside the US to report their financial accounts held outside of the US
- I have been notified by the IRS that I am currently subject to backup withholdings because of underreporting interest or dividends on my tax returns. (If you check this box please cross out 1 - 4 above).

MEMBER'S SIGNATURE: _____ DATE: _____

7 DISCLOSURE / SIGNATURES (APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE)

Acknowledgement of receipt of Disclosures: By signing below, you acknowledge that you have received a copy of the Credit Union's Truth-In-Savings Disclosure, Debit Card Disclosure (if applicable) and that you have received a copy of the current Share Rate and Fee schedule. You agree to be bound by the terms and conditions of the Credit Union's Account Agreement(s) and any amendments thereto. You understand that any new account information will be verified. You agree and authorize the Credit Union to obtain a credit report, checking account data, and employment information deemed appropriate upon membership opening and/or checking account opening/changing and in conjunction with future credit opportunities. You verify all information contained on this application is true and correct. To the extent you have provided information that is inaccurate, false or misleading (including your ability to qualify for membership), may result in the termination of your membership, membership rights, as well as the termination of any products and/or services. You warrant that everything stated in this application is correct to the best of Your knowledge. The Credit Union is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and You authorize others to answer questions about their credit experience with You. You agree that any such liability is joint and several. You authorize Us to accept Your digital signatures on this application and agree that Your digital signature will have the same legal force and effect as your original signature. You assume any risk that may be associated with permitting Us to accept Your digital signature. You are authorizing the Credit Union to gather credit and checking information. You give your express consent for the Credit Union and others acting on our behalf to contact you at any telephone number you give to us or we obtain from any other source (including any wireless phone or VoIP number), using any calling or texting technology (including any automatic telephone dialing system, artificial voice or prerecorded voice), regarding this account or any other relationship you now or later have with the Credit Union. You agree that you have not provided, and will not provide to us, any telephone number unless you are the subscriber to the service or the customary user of the telephone to which that number relates unless you tell us in writing. If you revoke this authorization, you agree to do so in a way that is likely to provide us with notice in time to process that revocation before we make any further calls or send any further texts, such as by using one of the methods designated by the Credit Union for such purpose.

In addition, the Board of Directors and members has elected to have the share accounts of this institution federally insured by the National Credit Union Administration to at least \$250,000 and backed by the full faith and credit of the United States Government.

MEMBER'S SIGNATURE	DATE	JOINT MEMBER #1	DATE	JOINT MEMBER #2	DATE
		If Applicable		If Applicable	

FOR CREDIT UNION use only					
Account Numbers: _____					
Processed by: _____		Operator No.: _____		Date: _____	
Approved by: _____		Operator No.: _____		Date: _____	

MAIL TO:
Firefighters First Credit Union
P.O. Box 60890, Los Angeles, CA 90060
800-231-1626 • www.firefightersfirstcu.org

FAX TO:
Operation Support at (323) 550-2287

Deliver to any branch

