

Membership and Account Application



SF Fire Credit Union

Required Field Member #: _____

Account Type:

Individual Joint Trust Update Existing Account

Eligibility:

Firefighter Community Related to Member (Name: _____) SFFD Historical Society

California State Firefighters' Association (Active Membership Number: _____)

Firefighter Associate—Fire Department Employee Associate—Vendor Student or Explorer

Services:

Checking VISA Credit Card Signature Loan Auto/Motorcycle Loan Home Equity Line of Credit
 (Checks ATM Debit Card) Term Certificate Solar Loan Home Loan Health Savings Account (HSA)
If you select Checking, see Appendix 1
 Tiered Savings Individual Retirement Account (IRA) Student Loan Recreational Vehicle Loan

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 for you: When you open an account, we will ask for your name, address, date of birth and other information that will let us identify you, including your driver's license or other valid ID documents.

Primary Member

Last Name:		First Name:		Middle Initial:	Date of Birth:
SSN#:	Photo ID Type (ie License):	ID Number:	Security Password:*		
Citizenship: US Citizen Perm Resident Non-Perm Resident If not a US citizen, indicate country of origin:		Phone:	Mother's Maiden Name:		
Residence Address (Street, City, State, Zip):				Email Address:	

Mailing Address (Street, City, State, Zip): Same as Residence Address

Occupation:	Employer Name:	Employer Address (Street, City, State, Zip):
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Joint Member

Last Name:		First Name:		Middle Initial:	Date of Birth:
SSN#:	Photo ID Type (ie License):	ID Number:	Security Password:*		
Citizenship: US Citizen Perm Resident Non-Perm Resident If not a US citizen, indicate country of origin:		Phone:	Mother's Maiden Name:		
Residence Address (Street, City, State, Zip):				Email Address:	

Occupation:	Employer Name:	Employer Address (Street, City, State, Zip):
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Primary Beneficiaries

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

Contingent Beneficiaries

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. Beneficiary designation(s) is not to be used in conjunction with Trust Accounts or IRAs.

*For identification purposes, you and any joint owner agree to provide your security password each time you conduct business with the Credit Union, either over the phone, online, or in person.

For Credit Union Use Only				
ChexSystems:	MICR Number:	Membership Officer:	ID Verified by:	Date:

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Request for Tax Payer Information

Part I : Enter you Taxpayer Identification Number (TIN). For individuals, this is your Social Security Number (SSN). For UTMA accounts, provide the SSN for minor. For Fiduciary and Living Trust Accounts, provide SSN of Trustee or Employer Identification Number (EIN) of Trust.

T.I.N. (Social Security Number): _____ E.I.N. (Employer Identification Number): _____

Part II : Under penalties of perjury, I certify that:

1. The Number shown on this form is my correct TIN, 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 a 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 withholding because of underreporting interest or dividends on my tax returns. (If you check this box, please cross out part II above).

Signature: _____ Date: _____

Trust Information

Name of Trust: _____ Agreement Date: _____

Name of Trustor: _____

I/We declare under penalty of perjury and as provided under the California Probate Code Section 18100-5 that I/we am /are qualified and have the power to act and am /are properly exercising the powers under the above names trust.

Signature of Trustee: _____ Date: _____

Signature of Trustee: _____ Date: _____



AMERICAN SHARE INSURANCE

Your savings insured to \$250,000 per account. By members' choice, this institution is not federally insured, or insured by any state government.

This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee depositors will get back their money. Accounts with this institution are not insured by any state government.



Proxy : I appoint the Board of Directors of SF Fire CU to appoint a Proxy to represent me at all meetings of the members of the Credit Union. The Proxy will vote for me on all questions and elections coming before said meeting, to give consent and in other ways to act in my place and stead. This Proxy shall remain in force for three years from today unless revoked by me in writing or revoked by subsequent Proxy. This Proxy will be withdrawn from any meeting, which I attend and vote in person.

By signing below, I/we agree to the terms and conditions of the Truth in Savings(TIS)/Rate/Fee Schedule and to any amendments thereto which are by this reference incorporated in their entirety into the disclosure. I/we agree to be bound by the terms and conditions of the disclosures and application. I/we understand the credit union will mail the TIS, Fee and Rate Schedule within 10 days of receipt of this application. I/we authorize you to gather any credit, checking account and employment information deemed appropriate from time to time.

Signature: _____ Date: _____

Signature: _____ Date: _____

Checking Account – Overdrafts and Overdraft Fees



Required Field Member #: _____

An overdraft occurs when you do not have enough money in your account to cover a transaction and SF Fire Credit Union pays it anyway. There are several ways we can cover your overdraft:

FREE Overdraft Protection

We attempt to cover your overdraft transactions by first using available funds in your Regular Savings accounts – and if no funds are available, then from your Tiered Savings accounts. There are NO FEES associated with using your SF Fire Credit Union accounts to cover overdrafts. (Note: While there is NO FEE associated with using your Visa® as a source of overdraft protection, finance charges on the overdraft amount will begin accruing immediately.)

Using a Deposit Account or Visa as a Source of FREE Overdraft Protection

- Deposit Accounts (Savings or Tiered Savings): Each SF Fire Credit Union deposit account can have up to six electronic transfers per month* (meaning transactions not performed in-person, with a Call Center representative or at an ATM) – *as long as there are available funds in the account.*
- Visa Credit Card: Any SF Fire Credit Union Visa that you designate as a source of Overdraft Protection can be used to cover an unlimited number of overdraft transactions in a given month – *as long as there is available credit.*

Designating Your Sources of FREE Overdraft Protection

When attempting to cover your overdraft transactions, we'll first seek available funds in your primary SAVINGS account and then primary MONEY MARKET account. If you would like to change this order – or use different accounts – please indicate this below:

Source of Overdraft Protection	Your Preferred Order (please indicate 1,2,3... or NO)
Tiered Savings _____	_____
Visa Credit Card _____	_____
Other SF Fire Account: _____	_____

NO, THANKS. I wish to decline free overdraft protection.

Supplemental Overdraft Services (Courtesy Pay)

SF Fire Credit Union does offer a Courtesy Pay Program that can cover overdraft transactions when the accounts that have been designated to us for Free Overdraft Protection Service have no available funds. SF Fire Credit Union authorizes and pays overdrafts through the Courtesy Pay Program at our discretion. We base that decision on the length of your membership as well as your account(s) with us being in good standing. You will be notified when you become qualified for Courtesy Pay, and until that time transactions requiring supplemental overdraft services will be declined.

Fees Associated With Courtesy Pay

- You will only be charged a fee of **\$25** when your account has an overdraft which will take your account negative \$10 or more.
- You will only be charged the \$25 fee on the first overdraft transaction of each day. Additional overdraft transactions posted on the same day will not be charged a fee.

Authorization to Pay Overdrafts Using Courtesy Pay

YES, I want to "Opt-In" to courtesy pay on overdrafts for checks, transactions using my checking account number, and SF Fire Credit Union online banking bill payments.

Additionally, I want to "Opt-In" to courtesy pay on overdrafts for transactions using my debit card or debit card number.

NO, I do not want to use courtesy pay to overdraft any of my transactions. I understand that overdrafts not covered by free overdraft protection will be declined – and that this may result in non-sufficient funds (NSF) fees as well as debit card transactions being declined at the point of purchase.

Signature: _____ Date: _____

Signature: _____ Date: _____