

# MASTER ACCOUNT SIGNATURE CARD

## MEMBERSHIP INFORMATION



CREDIT UNION USE ONLY					
Member Name (Last, First)			Account Number		
PERSONAL INFORMATION					
LAST NAME (Print)		MIDDLE INITIAL	FIRST NAME (Print)		
RESIDENTIAL ADDRESS (No P.O. Boxes)		CITY	STATE	ZIP	<input type="checkbox"/> Own Amount <input type="checkbox"/> Rent \$
MAILING ADDRESS (If Different From Above)		CITY	STATE	ZIP	
HOME PHONE ( ) ( ) ( )		CELL PHONE ( ) ( ) ( )		BUSINESS PHONE ( ) ( ) ( )	
DATE OF BIRTH		DRIVER'S LICENSE NO.		MOTHER'S MAIDEN NAME	
OCCUPATION		EMPLOYER		Gross Monthly Income \$	
EMPLOYER ADDRESS		CITY	STATE	ZIP	
EMAIL ADDRESS					
MEMBERSHIP QUALIFICATION					
<input type="checkbox"/> STATE EMPLOYEE		<input type="checkbox"/> RETIRED STATE EMPLOYEE			
<input type="checkbox"/> CHAMBER: _____		<input type="checkbox"/> OTHER: _____			
CONDUCT ONE OF THE FOLLOWING ACTIVITIES IN METRO LOS ANGELES:					
<input type="checkbox"/> RESIDE		<input type="checkbox"/> WORK		<input type="checkbox"/> ATTEND SCHOOL	
<input type="checkbox"/> WORSHIP					
<input type="checkbox"/> FAMILY MEMBER OF A CAL BEAR MEMBER		CREDIT UNION MEMBER NAME			
RELATIONSHIP		CAL BEAR ACCOUNT NO.		HOME PHONE ( ) ( ) ( )	

### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Enter the taxpayer identification number in the appropriate box.  
For most individual taxpayers, this is the social security number.

**SOCIAL SECURITY / TAXPAYER IDENTIFICATION NUMBER**



Under penalties of perjury, you certify that: (1) The number shown on this form is your correct taxpayer identification number, (2) You are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, and (3) you are a U.S. person (including a U.S. resident alien).

**INSTRUCTIONS:** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**AUTHORIZATION:** By signing below, you agree to the terms and conditions of the Account Agreement, Truth-In-Savings Disclosure, Schedule of Fees and Charges and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. You hereby submit your application for membership in California Bear Credit Union. Each applicant for membership certifies that he or she is within the Credit Union's field of membership. I/we authorize the use of credit checks, depository history information and verification of employment. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card (e.g. VISA Debit Card) or EFT service (e.g. Telebear Audio Response or E-Bear Online Banking) is requested and provided, you agree to the terms of and acknowledge receipt of the Electronic Services Disclosure and Agreement. Each authorized owner must sign.

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

<b>X</b>		Date
Applicant Signature		

Account Type	Account Ownership	Other Account/Products Requested
<input type="checkbox"/> New Account <input checked="" type="checkbox"/> Primary Savings (Required) <input type="checkbox"/> Name Change/Info Update <input type="checkbox"/> Add/Cancel Service <input type="checkbox"/> Change Joint/Beneficiary	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Minor (Joint required) <input type="checkbox"/> With Pay-On-Death Provision	I authorize California Bear Credit Union to establish the following accounts/services: <input type="checkbox"/> Secondary Savings _____ (Type) <input checked="" type="checkbox"/> TeleBear (Auto Response) and e-Bear Online Banking
<input type="checkbox"/> freedom CHECKING	<input type="radio"/> Visa® Debit Card	<input type="radio"/> Overdraft (available from savings for checks only)
		<input type="radio"/> Check order

### JOINT OWNER INFORMATION

JOINT OWNER 1					
LAST NAME (Print)		MIDDLE INITIAL	FIRST NAME (Print)		
RESIDENTIAL ADDRESS (No P.O. Boxes)		CITY	STATE	ZIP	<input type="checkbox"/> Own Amount <input type="checkbox"/> Rent \$
HOME PHONE ( ) ( ) ( )		CELL PHONE ( ) ( ) ( )		BUSINESS PHONE ( ) ( ) ( )	
SOCIAL SECURITY NO.		DATE OF BIRTH			
DRIVER'S LICENSE NO.		MOTHER'S MAIDEN NAME			
OCCUPATION		EMPLOYER		Gross Monthly Income \$	
EMPLOYER ADDRESS		CITY	STATE	ZIP	
JOINT OWNER SIGNATURE <b>X</b>				DATE	
JOINT OWNER 2					
LAST NAME (Print)		MIDDLE INITIAL	FIRST NAME (Print)		
RESIDENTIAL ADDRESS (No P.O. Boxes)		CITY	STATE	ZIP	<input type="checkbox"/> Own Amount <input type="checkbox"/> Rent \$
HOME PHONE ( ) ( ) ( )		BUSINESS PHONE ( ) ( ) ( )		DATE OF BIRTH	
SOCIAL SECURITY NO.		DATE OF BIRTH			
DRIVER'S LICENSE NO.		MOTHER'S MAIDEN NAME			
OCCUPATION		EMPLOYER		Gross Monthly Income \$	
EMPLOYER ADDRESS		CITY	STATE	ZIP	
JOINT OWNER SIGNATURE <b>X</b>				DATE	

### BENEFICIARY INFORMATION (PAY-ON-DEATH PROVISION)

BENEFICIARY 1			
LAST NAME (Print)		MIDDLE INITIAL	FIRST NAME (Print)
RESIDENTIAL ADDRESS (No P.O. Boxes)		CITY	STATE ZIP
RELATIONSHIP	SOCIAL SECURITY NO. (REQUIRED)	DATE OF BIRTH	
BENEFICIARY 2			
LAST NAME (Print)		MIDDLE INITIAL	FIRST NAME (Print)
RESIDENTIAL ADDRESS (No P.O. Boxes)		CITY	STATE ZIP
RELATIONSHIP	SOCIAL SECURITY NO. (REQUIRED)	DATE OF BIRTH	

# CREDIT UNION USE ONLY

Primary Member - Verification of ID (Document Used):			
<input type="checkbox"/> State Driver's License	<input type="checkbox"/> State Identification Card	<input type="checkbox"/> Minor	
Place of Issuance	ID #	Date Issued	Expiration Date
Joint Owner 1 - Verification of ID (Document Used):			
<input type="checkbox"/> State Driver's License	<input type="checkbox"/> State Identification Card	<input type="checkbox"/> Minor	
Place of Issuance	ID #	Date Issued	Expiration Date
Joint Owner 2 - Verification of ID (Document Used):			
<input type="checkbox"/> State Driver's License	<input type="checkbox"/> State Identification Card	<input type="checkbox"/> Minor	
Place of Issuance	ID #	Date Issued	Expiration Date

<b>Eligibility verification</b>
<b>Family member.</b> Name of person you spoke to _____
<b>Community</b>
<b>Work.</b> Address of employment: _____
<b>Reside.</b> Address of residence: _____
<b>Worship.</b> Name and address of church: _____
<b>Attend School.</b> Name and address of school: _____
<b>Seg group</b>

Additional Notes

## ChexSystems/OFAC Results

(P) SSN Year Issued	State	(P) Valid DL:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(J1) SSN Year Issued	State	(J1) Valid DL:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(J2) SSN Year Issued	State	(J2) Valid DL:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Marketing/Business Development

<input type="checkbox"/> Net check direct deposit
<input type="checkbox"/> Payroll Deduction Form
<input type="checkbox"/> Cash / Check Deposit \$ _____
<input type="checkbox"/> State Drivers License / Identification Card
<input type="checkbox"/> Work Identification badge or letter
Address match <input type="checkbox"/> Yes <input type="checkbox"/> No _____

<b>Closure Quantity:</b>	<input type="checkbox"/> Account Abuse	<input type="checkbox"/> Susp. Fraud	<input type="checkbox"/> NSF Activity
	<input type="checkbox"/> ATM Abuse	<input type="checkbox"/> Poss. Forgery	<input type="checkbox"/> Other: _____
Charge-Off Amount (if any): \$	Reporting Customer: _____		
Charge-Off Amount (if any): \$	Reporting Customer: _____		
Charge-Off Amount (if any): \$	Reporting Customer: _____		

Indicate Individual Being Reported:		
<input type="checkbox"/> P	<input type="checkbox"/> J1	<input type="checkbox"/> J2
<input type="checkbox"/> P	<input type="checkbox"/> J1	<input type="checkbox"/> J2
<input type="checkbox"/> P	<input type="checkbox"/> J1	<input type="checkbox"/> J2

<b>OFAC</b>	<input type="checkbox"/> Primary - No Matches	<input type="checkbox"/> Joint (1) - No Matches	<input type="checkbox"/> Joint (2) - No Matches	<input type="checkbox"/> Bene (1) - No Matches	<input type="checkbox"/> Bene (2) - No Matches
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Opened By (Print Name) _____	Date _____
Membership Officer (Signature) _____	Date _____
Reviewed By (Manager Signature) _____	Date _____