



P.O. Box 2648
Seal Beach, CA 90740
1.888.732.2471

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www.seaairfcu.org

Thank you for your interest in becoming a member of Sea Air FCU.
Below are the necessary items to start your application:

- Complete and sign Membership Application (on the next page)
- At least one non-expired government issued photo ID (e.g. driver's license, passport or state issued ID)
- Second form of ID (U.S. Social Security card, utility bill, paystub, landline phone bill, healthcare card, auto insurance card or work ID)
- \$30 check payable to "Sea Air FCU" (\$30 which covers your initial share savings deposit of \$5 plus a one-time membership fee of \$25)
- Additional \$1 to open a checking account

Please note: As a thank you for your service, membership fee (\$25) will be waived for all veterans, active/retired military personnel, and reserves

**Please mail original membership application, copies of two IDs, and check to
Sea Air FCU, P.O. Box 2648, Seal Beach, CA 90740**

MEMBERSHIP APPLICATION AND AGREEMENT

Important information about procedure for opening a new account

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 Me: When I open an account, you will ask me for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

1. MEMBER INFORMATION

JOINT OWNER INFORMATION

Member Name			Joint Owner Name (1)		
Home Street Address			Home Street Address		
City	State	Zip	City	State	Zip
Date of Birth	Social Security No.	Driver's License No.	Date of Birth	Social Security No.	Driver's License No.
Business Phone	Employer	Occupation	Business Phone	Employer	Occupation
Home Phone	Mother's Maiden Name		Home Phone	Mother's Maiden Name	
Cell Phone	Email Address		Cell Phone	Email Address	

2. ADDITIONAL JOINT OWNER(S) (Only if more than one Joint Owner)

Name (2)	Date of Birth	Mother's Maiden Name	Social Security No.
Home Phone	Cell Phone		
Name (3)	Date of Birth	Mother's Maiden Name	Social Security No.
Home Phone	Cell Phone		
Name (4)	Date of Birth	Mother's Maiden Name	Social Security No.
Home Phone	Cell Phone		

3. SELECT YOUR ACCOUNT(S) (For Business, Trust, and IRA Accounts please contact the credit union for separate application and signature card.)

Regular Share Account
 Share Draft Checking Account
 Money Market Account
 Term Certificate

4. AUDIO RESPONSE TELEPHONE SERVICES

24-Hour access to your accounts by Audio Response will automatically be established. A personal Identification Number (PIN) may be selected by calling the Credit Union for PIN setup.

5. MASTERMONEY DEBIT CARD & ATM CARD

All checking accounts will be reviewed for a MasterMoney Debit Card or Regular ATM Card, unless service is declined by you. If approved, the card and PIN will be mailed to you with our Electronic Services Disclosure. **To Decline MasterMoney Debit Card & ATM Card service, Initial Here _____**

6. TAXPAYER I.D.

TIN CERTIFICATION AND 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 backup withholding, or (b) I have not been notified by the Internal Revenue Service (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 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.

7. AUTHORIZATION AND SIGNATURE(S)

In this Membership Application and Agreement ("Agreement"), "I", "My" and "Me" mean each and every person who signs below. "You" and "Your" mean Sea Air Federal Credit Union. I understand and agree that this Agreement shall govern the accounts established at the point of membership, or at a later time under this agreement. I authorize you to open other accounts for me in person or per my telephone request.

By signing below, I understand and agree that any person signing below may open additional accounts under this Agreement and that I will be named an owner on any such accounts opened. Sea Air Federal Credit Union is not required to obtain my consent or notify me concerning the opening of additional accounts by any other owner under this Agreement. Any beneficiary changes or the addition of joint owners must be agreed to by all owners and will affect all accounts under this Agreement. In the event any account opened under this Agreement is closed, this Agreement shall continue in full force and effect as to all other accounts that remain open under this Agreement.

I also authorize you to obtain, at the point of membership, credit reports about my credit history and previous bank account information from others to determine my initial account eligibility, eligibility for an ATM or MasterMoney Debit Card, and for offering me future credit opportunities. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this application and any other information you may receive.

Any or all owners may pledge all or nay part of the shares in the accounts governed by this Agreement as collateral security for any Credit Union indebtedness.

Processing your membership application may require Sea Air FCU to register you as a USA Water Polo member.

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

X _____	Date
Member Signature	Date
X _____	Date
Joint Owner Signature (1)	Date
X _____	Date
Joint Owner Signature (3)	Date
X _____	Date
Joint Owner Signature (2)	Date
X _____	Date
Joint Owner Signature (4)	Date

If submitting this application by mail, please include a photocopy of each account owner's identification.

Pay-On-Death Payee Information

(In the event of the death of all account owners, funds (including dividends) will be paid: First to the Credit Union to the extent of any outstanding debts owed by any account owner and secondly in equal portions to those individuals named below who remain alive at the time the last joint owner dies. If none of these individuals is then living, this pay on death provision shall be null and void.)

Name (1)	Date of Birth
Social Security Number	Relationship to Primary Owner
Name (2)	Date of Birth
Social Security Number	Relationship to Primary Owner
Name (3)	Date of Birth
Social Security Number	Relationship to Primary Owner
X	
Member Signature	

Qualification

My qualification for membership is:

A. By sponsoring organization (Name of organization)

B. Immediate Family Member of (Name and Relationship)

FOR CREDIT UNION USE ONLY

VERIFICATION OF ID:

Documentary Method Used (other than Driver's License)*

Type of Document: _____

ID No: _____ Place of Issuance: _____

Date of Issuance: _____ Expiration Date: _____

Non-Documentary Method Used: _____

Results: _____

Description of Resolution of Any Substantive Discrepancy:

Id Verified by Signature X _____

OFAC _____

Membership Office Approval _____