

MEMBERSHIP I'm eligible to join CEFCU:

As an employee/contractor/student/member of: _____

As a family member of: _____ Relationship: _____

ACCOUNT OWNERSHIP Individual Joint Beneficiary **Account Number:** _____

| PRIMARY OWNER | | | | |
|-------------------------------------------|-------------------------|-------------------------------|----------------------------|-----------------|
| First | Middle | Last | Date of Birth (MM/DD/YYYY) | |
| Address | | City | State | Zip |
| Mailing Address (if different than above) | | City | State | Zip |
| Social Security Number | Driver's License Number | State | Issue Date | Expiration Date |
| Phone Numbers: | Home | Work | Cell | |
| eMail Address | | Mother's Maiden Name/Password | | |
| Job Title | Employer Name | | | |
| JOINT OWNER | | | | |
| First | Middle | Last | Date of Birth (MM/DD/YYYY) | |
| Address | | City | State | Zip |
| Social Security Number | Driver's License Number | State | Issue Date | Expiration Date |
| Phone Numbers: | Home | Work | Cell | |
| eMail Address | | | | |
| Job Title | Employer Name | | | |
| BENEFICIARY (IF DESIGNATED) | | | | |
| First | Middle | Last | | |
| Relationship to Account Owner(s) | | Social Security Number | | |
| Address | | City | State | Zip |

USA Patriot Act (IMPORTANT INFORMATION ABOUT PROCEDURES 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 you: when you open an account, we will ask you for your name, physical address, date of birth and other information that will allow us to identify you. We may also ask for your driver's license or other identifying documents.

Taxpayer Identification: I certify under penalty of perjury that the taxpayer identification number (Social Security Number) given is correct, that I have not been notified by the IRS that I under-reported or failed to report interest or that the IRS has notified me that I am no longer subject to backup withholding. I am a US person (including a US resident alien).

Account Agreement: By signing below, I hereby make application for membership in the Caltech Employees Federal Credit Union and agree to conform to its bylaws and amendments. I also agree that this account will be governed by the terms and conditions of the Caltech Employees Federal Credit Union Truth-in-Savings & Electronic Services Agreements and Disclosures and acknowledge a copy will be provided to me. I authorize CEFCU to gather whatever information it considers necessary and appropriate, including a credit report.

Under penalties of perjury, I certify that the information provided on this card is true, correct and complete.

| | | | |
|----------------------------------|-------------|--------------------------------|-------------|
| Primary Owner's Signature | Date | Joint Owner's Signature | Date |
| X | | X | |

| | |
|-----------------------------|------------------------------|
| PRIMARY OWNER: _____ | Account Number: _____ |
|-----------------------------|------------------------------|

| JOINT OWNER | | | | |
|------------------------|-------------------------|---------------|----------------------------|-----------------|
| First | Middle | Last | Date of Birth (MM/DD/YYYY) | |
| Address | | City | State | Zip |
| Social Security Number | Driver's License Number | State | Issue Date | Expiration Date |
| Phone Numbers: | Home | Work | Cell | |
| eMail Address | | | | |
| Job Title | | Employer Name | | |

| | |
|--------------------------------------------|-------------|
| Joint Owner's Signature X | Date |
|--------------------------------------------|-------------|

| JOINT OWNER | | | | |
|------------------------|-------------------------|---------------|----------------------------|-----------------|
| First | Middle | Last | Date of Birth (MM/DD/YYYY) | |
| Address | | City | State | Zip |
| Social Security Number | Driver's License Number | State | Issue Date | Expiration Date |
| Phone Numbers: | Home | Work | Cell | |
| eMail Address | | | | |
| Job Title | | Employer Name | | |

| | |
|--------------------------------------------|-------------|
| Joint Owner's Signature X | Date |
|--------------------------------------------|-------------|

| BENEFICIARY (IF DESIGNATED) | | | | |
|----------------------------------|--------|------------------------|----------------------------|-----|
| First | Middle | Last | Date of Birth (MM/DD/YYYY) | |
| Relationship to Account Owner(s) | | Social Security Number | | |
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| Relationship to Account Owner(s) | | Social Security Number | | |
| Address | | City | State | Zip |

| | |
|----------------------------------------------|-------------|
| Primary Owner's Signature X | Date |
|----------------------------------------------|-------------|