

MEMBERSHIP & ACCOUNT APPLICATION

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 institution 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 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.



3 POLARIS WAY, SUITE 31B
ALISO VIEJO, CA 92698-0010

MEMBERSHIP & ACCOUNT APPLICATION

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN CAPSTONE FEDERAL CREDIT UNION AND FOR THE FOLLOWING ACCOUNTS AND SERVICES.

- | | | |
|--|---|---|
| <input type="checkbox"/> INDIVIDUAL ACCOUNT | <input type="checkbox"/> JOINT ACCOUNT | <input type="checkbox"/> DIRECT DEPOSIT |
| <input type="checkbox"/> SAVINGS ACCOUNT | <input type="checkbox"/> CHECKING ACCOUNT | <input type="checkbox"/> CHECK CARD |
| <input type="checkbox"/> MONEY MARKET | <input type="checkbox"/> CHRISTMAS CLUB | <input type="checkbox"/> ADD |
| <input type="checkbox"/> CHANGE OF BENEFICIARY | <input type="checkbox"/> NAME CHANGE | |

TERMS AND CONDITIONS

By signing below, I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure and that I have received a copy of the current Rate and Fee Schedule. The terms and conditions of the deposit account agreements are contained in the Credit Union's Truth-in-Savings Disclosure. I agree to be bound by the terms and conditions of the Credit Union's Account Agreements(s) and to conform to the Credit Union's Bylaws, and any amendments thereto. I understand that any new account information will be verified.

I authorize you to gather whatever credit, Checking Account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain the Signature Card and any other information you may receive.

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

X _____ DATE
JOINT OWNER SIGNATURE

MEMBER INFORMATION

SOCIAL SECURITY NO. / TAXPAYER ID NO. _____ ACCOUNT NO. (FOR CU USE ONLY) _____

MEMBER NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ BUSINESS PHONE () _____

EMPLOYER _____ OCCUPATION _____

DRIVER LIC# / STATE / ISSUE DATE / EXPIRATION DATE _____ QUALIFICATION CODE FOR MEMBERSHIP _____

DATE OF BIRTH _____ MOTHER'S MAIDEN NAME _____

E-MAIL ADDRESS _____

JOINT OWNER INFORMATION

JOINT OWNER'S NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ BUSINESS PHONE () _____

EMPLOYER _____ OCCUPATION _____

DRIVER LIC# / STATE / ISSUE DATE / EXPIRATION DATE _____ SOCIAL SECURITY NO. / TAXPAYER ID NO. _____

DATE OF BIRTH _____ RELATIONSHIP TO MEMBER _____

E-MAIL ADDRESS _____ MOTHER'S MAIDEN NAME _____

DESIGNATION OF BENEFICIARY (PAY-ON-DEATH PAYEE)

SHARE ACCOUNTS BENEFICIARY (member)

In the event of my death and all other joint owners predecease me, I hereby designate the person whose name appears below as my beneficiary to receive any and all amounts in this account.

NAME OF BENEFICIARY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SHARE ACCOUNTS BENEFICIARY (joint owner)

In the event of my death and all other joint owners predecease me, I hereby designate the person whose name appears below as my beneficiary to receive any and all amounts in this account.

NAME OF BENEFICIARY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Special Instructions" to Payer's Request for Taxpayer Identification Number and Certification in Instructions to IRS Form W-9. For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see How to get a TIN in "Specific Instructions," Part I.

Note: If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number to Give the Requester."

SOCIAL SECURITY NUMBER

OR

EMPLOYER IDENTIFICATION NUMBER

CERTIFICATION

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.

OVERDRAFT PROTECTION

I authorize you to clear any overdraft of my checking account by a transfer from my share account #: _____

I understand and agree that the terms and conditions for this overdraft protection service are set forth in my Account Agreement and Truth-in-Savings Disclosure, receipt of which is hereby acknowledged. These instructions supersede any prior instructions from me concerning overdraft protection.

VERIFICATION OF ID (PRIMARY OWNER): FOR CREDIT UNION USE ONLY

Documentary Method Used

Type of Document: _____ ID No.: _____

Date of Issuance: _____ Expiration Date: _____

Name as it appears on I.D.: _____

ID Verified By (Print Name): _____

Title: _____

Signature: X _____ Date _____

FINCEN OFAC

Application Approved By (Print Name): _____

Title: _____

Signature: X _____ Date _____

VERIFICATION OF ID (JOINT OWNER):

Documentary Method Used

Type of Document: _____ ID No.: _____

Date of Issuance: _____ Expiration Date: _____

Name as it appears on I.D.: _____

ID Verified By (Print Name): _____

Title: _____

Signature: X _____ Date _____

FINCEN OFAC

Application Approved By (Print Name): _____

Title: _____

Signature: X _____ Date _____

Application Opened By: _____ Signature _____ Date _____

Application Approved By: _____ Signature _____ Date _____