



## **BEST FRIENDS ANIMAL SOCIETY MEMBERSHIP APPLICATION REQUIREMENTS**

- \$5.00 one time membership fee
- \$25.00 minimum deposit to open a Share Savings Account
- \$25.00 minimum donation to BFAS
- A fully completed Account Card
- A colored copy of a valid state or government identification  
(Drivers License, State ID, Passport)

### **Additional Accounts:**

- \$25.00 minimum opening deposit for Share Draft Checking
- \$2,500 minimum opening deposit for Money Market

**Make checks payable to TCFFCU.**

### **Mail completed application to:**

20<sup>th</sup> Century Fox Federal Credit Union **or** 20<sup>th</sup> Century Fox Federal Credit Union  
1901 Avenue of the Stars Suite 120                      1211 Avenue of the Americas 3<sup>rd</sup> Fl  
Los Angeles, CA 90067                                      New York, NY 10036



## The Perfect Gift for your Best Friends

Membership \$25 a year

A Gift of \$ \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Through your membership in BFAS you are eligible to become a member of 20th Century Fox Federal Credit Union if you live or work in LA county, CA.



**Twentieth Century Fox  
Federal Credit Union**

# MEMBERSHIP APPLICATION

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: \_\_\_\_\_

Member/Owner:

Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

## ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual  Joint Account with Rights of Survivorship  Joint Account without Rights of Survivorship

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

## ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account  All Accounts  Designate Specific Accounts \_\_\_\_\_

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

UTMA/UGMA (as custodian for Minors Act) (minor) under the Uniform Transfers/Gifts to Minors Act

Minor's SSN/TIN: \_\_\_\_\_

Agency Print Name of Agent: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

All Accounts  Designate Specific Accounts \_\_\_\_\_

Other:  See Account Authorization Card

## ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Suffix	Suffix
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.



**ACCOUNT SERVICES**

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> Other:	

**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 (or I am waiting for a number to be issued), 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 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

**Certification 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

<p><b>X</b></p> <p>Signature _____ Date _____</p>	<p><b>X</b></p> <p>Signature _____ Date _____</p>
<p><b>X</b></p> <p>Signature _____ Date _____</p>	<p><b>X</b></p> <p>Signature _____ Date _____</p>

<b>FOR CREDIT UNION USE ONLY</b>	<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
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Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking

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