



MEMBERSHIP APPLICATION REQUIREMENTS

- \$5.00 one time Membership Fee
- \$25.00 Minimum Deposit to open a Share Savings Account *
- A fully completed Account Card
- A colored copy of a valid State or Government Identification
(Drivers License, State ID, Passport)

*Your Share Savings Account is required to join TCFFCU and it represents your one equal share as a member-owner of the credit union, which is a not-for-profit cooperative. It is the only required account and it provides membership eligibility and entitles you to the many benefits of the credit union.

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:

20TH Century Fox Federal Credit Union
1990 Westwood Blvd, Suite 270
Los Angeles, CA 90025

or 20th Century Fox Federal Credit Union
1211 Avenue of the Americas, 18th fl
New York, NY 10036

20th Century Fox and-or its pedestal logo is a registered trademark of Twentieth Century Fox Film Corporation (TCFFC). The Twentieth Century Fox Federal Credit Union (CU) is a legal entity, separate and distinct from TCFFC and its parents, affiliates and subsidiaries, and as such TCFFC is not legally responsible for the actions of the CU, or of its officers or employees, nor is the CU legally responsible for any actions of the TCFFC.

America's Schools Program Los Angeles - ASPLA

ASPLA is a non-profit foundation whose purpose is to raise money to benefit our children, grades K-12. By joining 20th Century Fox Federal Credit Union through ASPLA, you are supporting our children, their education and the future of America.

YES! I want to become a member of ASPLA and support our children and receive an e-mailed monthly newsletter. To subscribe, contact us at info@aspla.org.

- Subscribing Membership \$25 a year
- Supporting Membership \$45 a year
- Sustaining Membership \$120 per year (or \$10 a month)
- Guardian Angel \$240 per year (or \$20 a month)
- A Donation of \$ _____ amount enclosed
- Check/Money Order

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

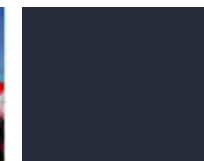
E-mail: _____



www.aspla.org

Please see our website for recycling and other news, products and programs, which benefit our children.

Our *children*
are our *future.*



ACCOUNT CARD

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 _____ (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

- Payroll Deduction/Direct Deposit:
- Audio Response:
- Overdraft Protection (Indicate transfer priority.):
- ATM Card: Debit Card:
- PC Access/Internet Banking:
- 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) _____

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.*

X	X
Signature _____	Signature _____
Date _____	Date _____
X	X
Signature _____	Signature _____
Date _____	Date _____

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

- | | | |
|--|---|---|
| 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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