



SCHOFIELD
Federal Credit Union

Membership Application

ACCOUNT REQUEST

<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Share Certificate	<input type="checkbox"/> Other:
PRIMARY OWNER			
Name:		SSN:	DOB:
Home Address:			
City:		State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:	
Type/ID#:	Exp. Date:	E-mail:	

MEMBERSHIP ELIGIBILITY

<input type="checkbox"/> Active or retired member of the U.S. military, family or dependent	
<input type="checkbox"/> Federal Government Employee, family or dependent	
<input type="checkbox"/> Private contractor with access to Schofield Barracks, family or dependent	
<input type="checkbox"/> Student of Leilehua High School	<input type="checkbox"/> Other:

JOINT OWNER

Name:		SSN:	DOB:
Home Address:			
City:		State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:	
Type/ID#:	Exp. Date:	E-mail:	

PAYABLE ON DEATH PAYEES

Beneficiary Name:		SSN:	DOB:
Address:		Relationship:	
Beneficiary Name:		SSN:	DOB:
Address:		Relationship:	

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number, 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 failure to report all interest and 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 U.S. resident alien). Certification instructions. You must 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. The IRS does not require your consent to any provision of this document other than certifications to avoid backup withholding.

AGREEMENT

I hereby make an application for membership and certify that all information provided is true and correct. I provide written authorization to the Credit Union to obtain information necessary to verify my identity, including but not limited to obtaining a credit report about me. I agree to be bound by the terms and conditions for all accounts I have with the Credit Union.

Important Information. 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 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.

Signature of Primary Owner	Date	Signature of Joint Owner	Date