

TYPE OF REQUEST

New Account - Establish Membership New Account - Existing Member (Account # _____) Account Update (Account # _____)

ELIGIBILITY

I am eligible to join Gain Federal Credit Union because I am a/an(choose one): *subject to verification*

Employee/Member of: _____ Eligible Organization Relative Of: _____ Is a current member of Gain FCU Account # _____
 Member of Friends of the Burbank Public Library (\$10 donation) Member of Burbank Historical Society (\$10 donation) Existing Member

HOW DID YOU HEAR ABOUT GAIN?

Family member Co-worker/Friend Member Referral Employer _____ School _____
 Facebook Twitter Yelp Online Ad _____ Newspaper Ad Other _____

PRIMARY MEMBER INFORMATION

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH
SOCIAL SECURITY NUMBER	ID NO. (STATE ID, DRIVER'S LIC., MILITARY ID, PASSPORT)		STATE/COUNTRY OF ISSUANCE		EXP. DATE
PHYSICAL ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS (If different)			CITY	STATE	ZIP
CELL PHONE	HOME PHONE		EMAIL ADDRESS		
EMPLOYER		OCCUPATION		TYPE OF BUSINESS	
IF SELF-EMPLOYED PROVIDE TYPE OF BUSINESS			IF RETIRED PROVIDE FORMER PROFESSION		

JOINT OWNER 1

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH
SOCIAL SECURITY NUMBER	ID NO. (STATE ID, DRIVER'S LIC., MILITARY ID, PASSPORT)		STATE/COUNTRY OF ISSUANCE		EXP. DATE
PHYSICAL ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS (If different)			CITY	STATE	ZIP
CELL PHONE	HOME PHONE		EMAIL ADDRESS		
EMPLOYER		OCCUPATION		TYPE OF BUSINESS	
IF SELF-EMPLOYED PROVIDE TYPE OF BUSINESS			IF RETIRED PROVIDE FORMER PROFESSION		

JOINT OWNER 2

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH
SOCIAL SECURITY NUMBER	ID NO. (STATE ID, DRIVER'S LIC., MILITARY ID, PASSPORT)		STATE/COUNTRY OF ISSUANCE		EXP. DATE
PHYSICAL ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS (If different)			CITY	STATE	ZIP
CELL PHONE	HOME PHONE		EMAIL ADDRESS		
EMPLOYER		OCCUPATION		TYPE OF BUSINESS	
IF SELF-EMPLOYED PROVIDE TYPE OF BUSINESS			IF RETIRED PROVIDE FORMER PROFESSION		

ACCOUNTS/SERVICES REQUESTED

ACCOUNTS:

- Primary Share Savings (required)
- Secondary Subsavings
- eChecking Account
- Money Market
- Certificate
- IRA

SERVICES:

- Online/Mobile Banking
- Telephone Banking
- Benefits Plus

OVERDRAFT PROTECTION Yes No

Checking Account overdrafts will be covered by a transfer from:
 Share # _____ Share # _____ Loan # _____
 I am interested in applying for a loan

HOW WILL YOU USE YOUR ACCOUNT?

Will you be using wire transfers?

Yes No If yes, how many per month? _____

Estimated deposits per month _____ Number of cash deposits/withdrawals per month _____

Estimated dollar amount of cash deposits/withdrawals per month \$ _____

How many account transfers, other than Bill Pay, will you make per month (i.e. gym membership)? _____

DESIGNATION OF BENEFICIARIES (PAY-ON-DEATH PAYEE)

In the event that all account owners die, the Credit Union is instructed to pay all of the funds remaining in my/our account(s) established on this form, plus interest thereon, in the following manner: FIRST to the Credit Union to the extent of any outstanding matured or unmatured debts owed to the Credit Union by any account owner; SECOND, in equal portions to those of the following individuals who remain alive at the time the last account owner dies:

NAME OF PAY-ON-DEATH PAYEE (1)		NAME OF PAY-ON-DEATH PAYEE (2)	
RELATIONSHIP	DATE OF BIRTH	RELATIONSHIP	DATE OF BIRTH
NAME OF PAY-ON-DEATH PAYEE (3)		NAME OF PAY-ON-DEATH PAYEE (4)	
RELATIONSHIP	DATE OF BIRTH	RELATIONSHIP	DATE OF BIRTH

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION & BACKUP HOLDING INFORMATION

Primary Name: _____

Part I Taxpayer Identification Number (TIN). Enter your TIN in the box below. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refer to the W-9 Form, Specific Instructions, Part I. For other entities, it is your employer identification number (EIN). If you do not have this number, see instructions How to get a TIN in the W-9 Form, Specific Instructions.

NOTE: If the account is in more than one name, see the chart on the W-9 Form, Specific Instructions.

Primary Social Security No. or Employer I.D. Number: _____

Part II. Certification. Under penalties of perjury I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and
- 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
- I am a U.S. citizen or other U.S. person (defined in the W-9 Form, General Instructions).

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See Certification Instructions in the W-9 Form).

ACKNOWLEDGEMENT AND ACCOUNT AGREEMENT - Please read carefully before signing:

By signing below, I/we acknowledge that I/we hereby: make application for accounts and/or membership with Gain Federal Credit Union ("GFCU"); certify that I/we am/are within your field of membership; and acknowledge a copy of the GFCU Truth-in-Savings Disclosure ("Disclosure") and the current Rate and Fee Schedule has been received and/or will be sent out within 1 day following account opening in accordance with applicable law. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporated in their entirety into this account agreement ("Application"). I/we authorize GFCU to obtain credit reports in connection with this account and any future services provided by GFCU as permitted by law and to verify the information I/we have provided by any means you deem necessary. I/we agree to be bound by the terms and conditions of the Disclosure and Application. I/we understand that GFCU may verify all information I/we have given on the Application. I/we hereby request an ATM, and/or check card and access to Online Banking, Bill Pay, Telephone Banking and Mobile Banking if I/we qualify for such services under your rules. My/our use of such services shall constitute acceptance of the terms and conditions of the applicable agreements, which you will provide to me/us in accordance with applicable law. If I/we qualify, and establish membership with GFCU through becoming a member of the Friends of the Burbank Public Library or the Burbank Historical Society, I/we authorize GFCU to share any of my/our information required by the membership guidelines set by those entities.

X _____
 PRIMARY MEMBER SIGNATURE DATE

X _____
 JOINT OWNER (1) SIGNATURE DATE

X _____
 JOINT OWNER (2) SIGNATURE DATE

FOR CREDIT UNION USE ONLY

Account No. _____ Opened By: _____ Date _____ Approved By: _____ Date _____
 Name of system used to verify Member information: System _____ Date _____