

MEMBERSHIP APPLICATION SHELL SOUTHWEST FEDERAL CREDIT UNION



Please complete, print, sign and mail completed form to: Shell Southwest Federal Credit Union, P.O. Box 1580, Long Beach, CA 90801

A signature is required on all membership forms. If you choose to e-mail the form, we will mail you a completed form for your signature or you can stop by one of our branches to sign the form. Your account will be opened when we receive the signed form.

Account Number _____ Name (Last, First, MI) _____

MEMBERSHIP QUALIFICATION

Employed by _____ Immediate family member of _____

SERVICE REQUEST (Complete OverDraft Option section below)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Basic Share | <input type="checkbox"/> Kids Club Account | <input type="checkbox"/> Club 55 Account | <input type="checkbox"/> Interest Checking |
| <input type="checkbox"/> Basic Checking | <input type="checkbox"/> Vacation Club Account | <input type="checkbox"/> Money Market | <input type="checkbox"/> HomeSavers Goal \$ _____ |
| <input type="checkbox"/> Holiday Club Account | <input type="checkbox"/> ATM Card - <input type="checkbox"/> 2nd Card for Joint Owner | <input type="checkbox"/> VISA Check (Debit) Card - <input type="checkbox"/> 2nd Card for Joint Owner | |

ACCOUNT OWNERSHIP

Individual Joint With Pay-on-Death Payee

Address (Street, City, State and Zip) _____

Date of Birth _____ Home Phone _____ Business Phone _____

Driver's License Number & State _____ Mother's Maiden Name _____

In this Signature Card "I" and "My" mean each and every person who signs below. "You" and "Your" mean Shell Southwest Federal Credit Union. If I am not currently a member, I hereby make application for membership in Shell Southwest Federal Credit Union. I understand I will be given access to the Audio Response System. I agree that you may retain this Signature Card and any other information you may receive. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Account Agreement, Truth in Savings Disclosure, and Electronic Services Disclosure (receipt of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Signature Card shall govern the Basic Share, the Checking Account, the Audio Response Service and other accounts set forth above. I will execute additional signature card(s) to open other account(s) with you. 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 this Signature Card and any other information you may receive.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PART I - Taxpayer Identification Number(TIN) - I agree to enter my TIN in the appropriate box. For individuals, this is my social security number(SSN). For most entities, it is my employer identification number(EIN). If I do not have a number, I will see the "Instructions for Reporting Taxpayer Identification Number" brochure. Taxpayer ID Number: _____

PART II - Payee Exempt From Backup Withholding - See "Instructions for Reporting Taxpayer Identification Number" brochure.

PART III - Certification - Under penalty 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 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.

X
 Signature _____ Dated _____

Note: If the account is in more than one name, see the chart in the "Instructions for Reporting Taxpayer Identification Number" brochure for guidelines on whose number to enter.

JOINT OWNER INFORMATION - NAME 2

Last Name	M.I.	First Name
Drivers License Number/State		Social Security Number
Mother's Maiden Name		Date of Birth
Daytime Phone Number	Evening Phone Number	
()	()	
Address		City/State/Zip
Signature 2	Date	
X		

JOINT OWNER INFORMATION - NAME 3

Last Name	M.I.	First Name
Drivers License Number/State		Social Security Number
Mother's Maiden Name		Date of Birth
Daytime Phone Number	Evening Phone Number	
()	()	
Address		City/State/Zip
Signature 3	Date	
X		

PAY-ON-DEATH PROVISION

Name of Payee _____ SSN _____ Address of Payee _____

CHECKING ACCOUNT OVERDRAFT OPTION CHECK ONLY ONE OVERDRAFT OPTION BELOW. OVERDRAFT WILL BE THE ACTUAL AMOUNT NEEDED TO PAY SUCH CHECK

- No Overdraft Overdraft from Shares Only Overdraft from Loan Only Overdraft from Share/Loan Overdraft from Loan/Shares

FOR OFFICE USE ONLY
 The application for membership hereof approved by the following CREDIT UNION officer: Signature/Title: **X** _____ Date: _____