

MEMBERSHIP AND ACCOUNT APPLICATION

1) Complete Front Side

2) Complete Back Side

I hereby make application for membership in Healthcare Federal Credit Union and I agree to conform to the bylaws (as amended)

New Change (name, beneficiary, etc.)

Member Name (please print)

Address

City/State/Zip

Home Phone Number Work Phone Number

Social Security Number Date of Birth

California Driver's License

Mother's Maiden Name

Joint Owner's Name (please print)

Address

City/State/Zip

Home Phone Number Work Phones Number

Social Security Number Date of Birth

California Driver's License

Mother's Maiden Name

Designations of Beneficiary

In the event of my death and all other joints owners pre-decease me, I hereby designate the person(s) named below as beneficiary to receive any and all amounts in this account.

Name

Address

(joint) Beneficiary:

Name

Address

Taxpayers identifications number certification

By signing below I certify under penalties of perjury that (1) the Social Security Number of Employer Identification Number above is my correct taxpayer identification number, and (2), I am NOT, unless noted below, subject to backup withholding because (a) I am exempt, or (b) I have not been notified 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.

I am subject to backup withholding

I am not a U.S. citizen or resident

Acknowledgement of receipt of truth-in-savings disclosure

By signing below, I acknowledge that I have received a copy of the credit union's Truth-In-Savings Disclosure (Disclosure) and that I have received a copy of the current Rate and Fee Schedule. All the Terms, conditions and information contained in this Membership & Account Application and any amendments thereto ("Application") are by this reference incorporated in their entirety into the Disclosure. I agree to be bound by the terms and conditions of the Disclosure and Application. I understand that the credit union may verify all information I have given on the Application.

Member Signature & T.I.N. Certification Date

Joint Owner Signature Date

Credit Union Approval Date

NAME:

ACCOUNT NO.: