



Account # _____

1. ELIGIBILITY

I'm eligible to join Technicolor Federal Credit Union (TFCU) because I'm (please check one) *subject to verification*

A relative of a member of TFCU Signature of relative required _____

Name of relative _____ Relationship _____ Phone (____) _____

An employee or member of _____ Department Name _____

How did you hear about Technicolor Federal Credit Union? _____

2. MEMBERSHIP INFORMATION Please complete entire form, check boxes for services requested and sign below.

Primary Owner Name _____ Joint Owner Name _____

Home Street Address _____ Home Street Address _____

City _____ State _____ Zip _____ Home Phone _____ City _____ State _____ Zip _____ Home Phone _____

Mailing Address (If different from home address) _____ Mailing Address (If different from home address) _____

Date of Birth _____ Social Security No. _____ Driver's License No/state _____ Date of Birth _____ Social Security No. _____ Driver's License No/state _____

Employer _____ Occupation _____ Work Phone _____ Employer _____ Occupation _____ Work Phone _____

Mother's Maiden Name _____ Password _____ Mother's Maiden Name _____

BENEFICIARY(IES) In the event of my death, or if there is more than one owner of this account, the death of all the owners, I/we hereby designate at my/our beneficiary(ies) to receive all sums in my/our account established on this form.

Name of Beneficiary _____ Relationship _____ Name of Beneficiary _____ Relationship _____

Address _____ Address _____

3. SELECT THE ACCOUNT(S)

- Membership Fee: (No fee for kids accounts) \$ 3.00
- Regular Share Account or Director's Account (Teen Account): (\$25 min. deposit) \$ _____
- Crew Account (Kid's Account): (\$10 min. deposit) \$ _____
- Reflection Savings Account: (\$5 min. deposit) \$ _____
- Checking Account: (\$25 min. deposit) Spectrum Spectrum-Plus Above-the-Line Checking (Teen Account)..... \$ _____
- Business Checking: (\$100 min. deposit. Additional forms needed)..... \$ _____
- Overdrafts will be covered by a transfer from my savings account. **(Not to exceed six transfers in any calendar month.)**
- Check here for Behind-the-Scenes Overdraft Protection **(Account must have automatic payroll deposit. Above-the-Line Checking Accounts not eligible.)**

TOTAL INITIAL DEPOSIT ENCLOSED \$ _____

IF OPENING ANY CHECKING ACCOUNT, YOU MUST COMPLETE SECTION 4 BELOW

4. CHECK ORDERS

For a preview of designer style checks, visit www.Libertysite.com. Once you open your TFCU checking account, you can reorder checks online at www.technicolorfcu.org. I would like the Credit Union to order my checks immediately upon approval of my TFCU checking Account. I have completed all information below as it is to appear on my checks.

Name _____

Complete address as it is to appear on checks _____

City _____ State _____ Zip _____ Phone (____) _____

Special Instructions (ie: Drivers License no.) _____

Check Style _____ Letter Style _____ Starter No. _____ No. Of Boxes _____ Accents _____

5. TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

My taxpayer identification number is (Social Security Number): ____ - ____ - ____

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number. (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 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 failed to report all interest and dividends on your tax return. Cross out item 3 and complete W-8 BEN if you are not a U.S. person.

Signature X _____ Date _____

6. ACKNOWLEDGEMENT & SIGNATURE (SEE REVERSE FOR ACCOUNT OPENING REQUIREMENTS)

I hereby make application for membership and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of TECHNICOLOR FEDERAL CREDIT UNION. I acknowledge receipt of the Account Agreement, Disclosure for Electronic Services, Truth-in-Savings, and the Fee Schedule and agree to be bound by their terms. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement on the reverse.

X _____ Date _____ X _____ Date _____

Primary Owner Signature *(Please submit photocopy of I.D. and S.S. card)*

Joint Owner Signature *(Please submit photocopy of I.D. and S.S. card)*

7. CREDIT UNION USE ONLY

Membership Officer _____ Date _____ Check Systems _____

Important Account Opening Information: Federal Law requires us to obtain sufficient information to verify your identity. All applicants (primary & joint) must submit a photocopy of a current and valid state or U.S. Government-issued photo identification card with any name change (new name) requests. The credit union must maintain the records used to verify your identity. Our privacy policy and federal law protect the information you provide.

AGREEMENT

In the membership application "I" and "My" mean each and every person who signs the reverse. "You" and "Your" mean Technicolor Federal Credit Union. If I am not currently a member, I hereby make application for membership in Technicolor Federal Credit Union. I understand I will be given access to the FYI Telephone: Teller Audio Response System. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth-In-Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and is incorporated by this reference). I understand and agree that this Signature Card shall govern the Regular Share, the Checking Account, the ATM/Debit Card and the FYI Telephone: Teller Audio Response Service and the accounts designated above. I authorize you to open other account(s) for me in person.

Customer Identification Program Notice: Pursuant to federal law, the Credit Union is required to verify the identity of any person seeking to open or add a signer or joint owner to any account and must maintain records of information use to verify the person's identity.

I authorize you to gather whatever credit, checking account employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining any 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.

Return Completed Application To:
Technicolor Federal Credit Union
434 W. Alameda Ave.
Burbank, CA 91506-3202

Phone: (818) 973-4900
Fax: (818) 973-4912
Toll Free: (800) 973-4989