



Membership & Deposit Account Application

PERSONAL

People's Federal Credit Union, a division of Self-Help Federal Credit Union ("Credit Union")

ACCOUNT # _____

MEMBERSHIP IDENTIFICATION REQUIREMENTS

The following documentation and information is required of any person listed on this application as an account holder.

- Name
Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or other government-issued ID number acceptable to the Credit Union
Date of birth
Evidence of physical address
Copy of a valid driver license, passport, or other government-issued ID card acceptable to the Credit Union

Designation of Account Holder(s)

- () Individual () Joint with survivorship* () Custodian/Power of Attorney
() Joint without survivorship () POD Trust

*Right of Survivorship

We understand that by establishing a joint account under this provision that: (1) any one person named as joint owner in the account may make or direct a withdrawal from the account unless we direct that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon death of the one joint owner the money remaining in the account will not pass by inheritance to heirs of the deceased owner's will, but will belong to the surviving joint owner(s). We do elect to create the right of survivorship in this account.

Custodian, Power of Attorney, POD Trust accounts

If you are opening a Custodial, Power of Attorney, or Payable on Death Trust account you also must complete a separate form. These forms are available on the application page of the People's Federal Credit Union website.

PRIMARY MEMBER INFORMATION

Member Name _____ (Print)
First Middle Last

SSN/ITIN _____ Date of Birth _____

Street Address _____

Phone (home) _____ Phone (mobile) _____

Phone (work) _____ Email Address _____

Driver License Number _____ State _____ (Also submit a photocopy of your license)

Mother's Maiden Name _____ Phone _____

Contact Person in Case of Emergency _____ Phone _____

JOINT ACCOUNT HOLDER INFORMATION (if applicable)

Member Name _____ (Print)
First Middle Last

SSN/ITIN _____ Date of Birth _____

Street Address _____

Phone (home) _____ Phone (mobile) _____

Phone (work) _____ Email Address _____

Driver License Number _____ State _____ (Also submit a photocopy of your license)

Mother's Maiden Name _____ Phone _____

Indicate which account(s) are to be jointly held: () All, or () Only the following: _____



ACCOUNT SELECTION

SAVINGS

No minimum balance to earn dividends with these accounts

Regular Savings Account Amount \$ _____

Youth Savings Account Amount \$ _____

Holiday Club Account Amount \$ _____

CHECKING

You must maintain a minimum balance of \$100 or more to earn a dividend on this account

Checkless Checking Amount \$ _____

An ATM Access Account Card is automatically issued with this account

Check here to request additional ATM Access card for joint account holder(s) (*optional*) Quantity _____

TERM CERTIFICATE ACCOUNT

\$500 minimum deposit to open each certificate

Term choice options (in months): 3 – 6 – 12 – 24 – 36 – 48 – 60

Term Certificate Amount \$ _____ Term _____

Term Certificate Amount \$ _____ Term _____

Check here if you are opening an **Economic Development Deposit** term certificate. The dividend rate of the EDD term certificate will be set at or below the savings account rate.

OPTIONAL: Instead of remaining with the balance, indicate whether you prefer your certificate earnings (dividend) paid by check or deposited into your designated Credit Union savings account. Please indicate whether you want the dividend check or dividend deposit issued on a monthly or quarterly basis. To open more than two term certificates at this time, please include an additional page.

Issue Check Monthly Quarterly
 Deposit certificate dividends into the following People's FCU savings account _____ Monthly Quarterly

TOTAL AMOUNT OF DEPOSIT \$ _____

Include the membership deposit along with your account deposit or the Credit Union will deduct the amount from your account deposit.

Member deposit accounts are federally insured up to \$250,000 by the National Credit Union Administration



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www.peoplesfederalcu.org

Browse the People's Federal Credit Union website to view membership and account disclosures.





MEMBERSHIP ELIGIBILITY & MEMBERSHIP FEE

Membership in People's Federal Credit Union is open to anyone who lives, works, worships, or attends school in the Oakland Flatlands geographic region of the California bay area, and their immediate family members regardless of where the family members live. Membership is also open to businesses in the abovementioned People's Federal Credit Union geographic service area, or to any person (or institution) who (which) is, or becomes, a member of the Center for Community Self-Help.

Check Mark the Appropriate Membership Eligibility Status

- Oakland, CA Flatlands geographic area** (Live, work, worship in Oakland, CA Flatlands-- \$5 membership deposit)
- Center for Community Self-Help membership** (A \$20 tax-deductible membership contribution to the Center for Community Self-Help is required. You also must pay a \$5 membership share to People's FCU. Existing members of CCSH, or Self-Help Credit Union, need only pay a \$5 membership share to join People's FCU.)

AGREEMENT AND AUTHORIZATION SIGNATURES & BACKUP WITHHOLDING CERTIFICATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy, Electronic Funds Transfer Agreement, Privacy Notice Disclosure, and Rate and Fee Schedules; and to any amendments the Credit Union makes from time to time, which are incorporated herein. Additionally, I/we specifically consent and agree that the Credit Union may provide the abovementioned legally required disclosures electronically on the Credit Union website, or in writing, or both.

Under penalty of perjury, I certify that (1) my Social Security Number or Individual Taxpayer Identification Number shown on this form, and given for this/these account(s), if applicable, is my correct Taxpayer Identification Number, and that (2) I am not subject to backup withholding either because 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 because the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Initial this section if you cross out item 2.

Yes, I want to open my People's Federal Credit Union account(s), and become a member of People's Federal Credit Union, a division of Self-Help Federal Credit Union, if I am not already a member. I hereby authorize the Credit Union to open the account(s).

Member Signature _____ **Date** _____
(Primary Account Holder)

Joint account holder(s), Custodians, Power of Attorney designees, and Payable on Death trust beneficiaries sign and date below:

Signature _____ **Date** _____

Signature _____ **Date** _____

Signing this document authorizes the Credit Union to run a credit check on any signers and any account holders whose names appear on this application.

All applicants and account-holders listed on this application are required to submit a copy of one of the following:
valid driver license • passport • other government-issued ID card

How Did You Hear About the Credit Union?

Friend/Family ■ Employer ■ Business Referral ■ Community Referral ■ Conference ■ TV, Radio, Internet ■ Mailing/Publication ■ Other

Please specify name: _____

FACT ACT

If you have a loan with the Credit Union, we may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

OFAC Screening

Credit Union personnel must complete this screening before opening the account, and initial here _____

For Credit Union Use Only





Since some of our projects are grant funded, the following information is very helpful for our tracking and reporting purposes.

People's Federal Credit Union does not discriminate on the basis of race, religion, national heritage, ethnic background, gender, or sexual preference. People's Federal Credit Union merely collects information to assist it in serving the needs of its members who come from diverse backgrounds.

Thank You for Your Cooperation

Applicant Data

1. What is your primary racial background (*check one*)?

- () African-American/Black () White
 () Asian () Native Hawaiian/Other Pacific Islander
 () American Indian/Alaskan Native
 Other (please identify) _____

2. What is your primary ethnic background (*check one*)?

- () Hispanic/Latino () Non Hispanic

3. What is your gender?

- () Male () Female

4. What is your approximate household income (*check one*)?

Indicate Here	Range
	< \$25,000
	\$25,000 - \$34,999
	\$35,000 - \$44,999
	\$45,000 - \$54,999
	\$55,000 - \$64,999
	\$65,000 - \$74,999
	\$75,000 - \$84,999
	\$85,000 - \$94,999
	\$95,000 - \$104,999
	\$105,000 - \$114,999
	\$115,000 +

5. Do you have an account at another credit union or bank (*select one*)?

- () Yes, with \$100 or more in it () No, but I used to have one
 () Yes, with less than \$100 in it () No, I never have

6. How many years of school have you completed?
