

FOR CREDIT UNION USE ONLY

VERIFICATION OF ID:

Documentary Method Used (Other than Driver's License)*

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OFAC: _____

ID Verified By (Print Name): _____ Title: _____

Signature: **X** _____ Date: _____

Application Approved By (Print Name): _____ Title: _____

Signature: **X** _____ Date: _____

MEMSHIP OFFICER STAMP



IMPORTANT INFORMATION ABOUT PROCEDURE FOR OPENING A NEW ACCOUNT
To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for You: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

SIGNATURE VERIFICATION

IMPORTANT: ALL MEMBERS (PRIMARY AND JOINT) MUST ATTACH A CLEAR COPY OF 2 FORMS OF I.D. MUST BE A CURRENT AND VALID DRIVER'S LICENSE, CALIFORNIA IDENTIFICATION CARD, OUT-OF-STATE DRIVER'S LICENSE, OUT-OF-STATE IDENTIFICATION CARD OR OR MILITARY IDENTIFICATION. ALL I.D.'S MUST HAVE A PICTURE ON IT.

DESIGNATION OF PAY-ON-DEATH (POD) PAYEES

The party(s) listed below will be considered my/our Pay on Death (POD) payee(s) and if they survive me/us they will receive any unencumbered amounts in my/our Credit Union account(s) after the death of all holders of the affected account(s) the POD payee(s) if they survive me/us, they shall share the funds available.

POD PAYEE/BENEFICIARY	SOCIAL SECURITY NUMBER	DATE OF BIRTH
COMPLETE ADDRESS (STREET CITY, STATE AND ZIP)		
POD PAYEE/BENEFICIARY	SOCIAL SECURITY NUMBER	DATE OF BIRTH
COMPLETE ADDRESS (STREET, CITY, STATE, AND ZIP)		

TIN CERTIFICATION AND BACKUP WITH HOLDING INFORMATION:

My Taxpayer Identification Number (Social Security Number) is: - -

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 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 I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest and dividends on my tax return. Cross out item 3 and complete a W-8 BEN if I am not a U.S. person.

ACKNOWLEDGEMENT & SIGNATURE

Right Thumb Print	PRIMARY OWNER
Right Thumb Print	JOINT OWNER

I hereby make membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of MATTEL 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. By signing below I understand that the Credit Union is authorized to recognize any of the signatures below for the transaction of any business on any account on which that party is named as an owner; and that I authorize the Credit Union to obtain credit reports on me for the purpose of loan pre-approval, pre-screening and/or update records for an existing loan.

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

X _____ Primary Owner Signature _____ Date _____

X _____ Joint Owner Signature _____ Date _____