

I AM APPLYING FOR MEMBERSHIP IN MATTEL FEDERAL CREDIT UNION. MY MEMBERSHIP (SAVINGS) ACCOUNT MAY INCLUDE ACCESS VIA "AUDIO RESPONSE" TELEPHONE SERVICE.

SERVICES REQUESTED

- SHARE DRAFT (CHECKING) ACCOUNT IS TO BE:
- INDIVIDUAL JOINT WITH OWNER OF SAVINGS ACCOUNT
- PLEASE PAY ANY OVERDRAFTS FROM THE FOLLOWING ACCOUNTS:
- FROM SAVINGS ACCOUNT ONLY FROM OTHER MFCU ACCOUNT(S) _____

- DEBIT CARD (AUTOMATED TELLER MACHINE) TERM SHARE CERTIFICATE
- ONE CARD SECOND CARD MONEY MARKET ACCOUNT
- HOLIDAY ACCOUNT IRA ACCOUNT PAYROLL DEDUCTION / DIRECT DEPOSIT
- MATTY'S MONTHLY CLUB: Child: M F INTERNET ACCESS

PRIMARY OWNER (Please Print) NEW REVISION

FOR CREDIT UNION USE ONLY			ACCOUNT NUMBER
LAST NAME	FIRST	INITIAL	DRIVER'S LICENSE NO.

FAMILY MEMBER OF / HOUSEHOLD MEMBER OF (NAME, RELATIONSHIP, ACCT. NO.)

HOME ADDRESS (Do not use work address or P.O. Box) CITY		STATE	ZIP	DATE OF BIRTH
HOME PHONE ()	CELL PHONE ()	EMAIL		MOTHER'S MAIDEN NAME
BUSINESS PHONE ()	EMPLOYER	BADGE #	MAIL STOP	

JOINT OWNER

LAST NAME			FIRST	INITIAL	DRIVER'S LICENSE NO.
HOME ADDRESS (Do not use work address or P.O. Box) CITY			STATE	ZIP	DATE OF BIRTH
HOME PHONE ()	CELL PHONE ()	EMAIL		MOTHER'S MAIDEN NAME	
BUSINESS PHONE ()	EMPLOYER	BADGE #	MAIL STOP		



MATTEL FEDERAL CREDIT UNION
 333 Continental Boulevard
 El Segundo, CA 90245
 (310) 252-4545 • Fax (310) 252-3819
 www.mattelfcu.org

MEMBER SERVICES INVITATION

INSTRUCTIONS

COMPLETE ENTIRE CARD FRONT AND BACK IN INK (OR TYPE). JOINT OWNER IS CO-OWNER OF SAVINGS ACCOUNT AND OTHER ACCOUNTS REQUESTED BY YOU AS INDICATED. EACH IS LIABLE FOR THE ACTIONS OF THE OTHER WITH REGARDS TO THE ACCOUNT.

RETURN THE COMPLETED **AND SIGNED** APPLICATION TO YOUR CREDIT UNION REPRESENTATIVE, ALONG WITH YOUR CHECK, MADE PAYABLE TO **MATTEL FEDERAL CREDIT UNION**, FOR AT LEAST THE MINIMUM DEPOSIT AMOUNT(S) SHOWN BELOW.

MINIMUM INITIAL DEPOSITS

MEMBERSHIP FEE.....	\$0.00
SAVINGS	\$50.00
HOLIDAY CLUB ACCOUNT	\$10.00
MATTY'S MONEY CLUB	\$5.00
MONEY MARKET ACCOUNT.....	\$3,000.00

COMPLETE AND SIGN REVERSE SIDE BEFORE SUBMITTING TO CREDIT UNION

FOR CREDIT UNION USE ONLY

VERIFICATION OF ID:

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

Type of Document: _____ ID No. _____

Place of Issuance: _____ Date _____ Expires _____

Non-Documentary Method Used: _____ Results _____

Description of Resolution of Any Substantive Discrepancy _____

OFAC: _____

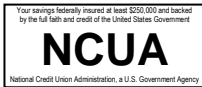
ID Verified By (Print Name): _____

Signature X _____ Date _____

Application Approved by (Print Name): _____

Signature X _____ Date _____

MEMBERSHIP
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 you 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 IDENTIFICATION CARD OR MILITARY IDENTIFICATION. ALL ID'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 my 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 WITHHOLDING INFORMATION

My Taxpayer Identification Number (Social Security Number) is:

				-			-				
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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-8BEN if I am not a U.S. person.

ACKNOWLEDGEMENT & SIGNATURE

Right Thumb Print

PRIMARY OWNER
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 of 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