



333 Continental Boulevard  
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# MEMBERSHIP APPLICATION

### IMPORTANT: Customer Identification Program Information

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 Me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You will also ask to see my driver's license or other identifying documents.

#### I'M JOINING AS: (subject to verification)

- Mattel employee badge # \_\_\_\_\_
- a family/household member of \_\_\_\_\_

#### PRIMARY ACCOUNT OWNER INFORMATION:

_____			_____		
Last Name	First Name	Middle Initial			
_____			_____		
Social Security Number		Mother's Maiden Name			
_____					
Email Address					
_____					
Cell Phone Number		Work Phone Number and Extension			
_____					
Driver's License #	State	Exp. Date	Date of Birth		
_____					
Primary Address					
_____					
City	State	Zip Code			
_____					
Employer	Occupation				
_____					

#### I'M APPLYING FOR:

- Savings (required with membership; \$1 minimum to open)
- Checking  Holiday/Vacation Club Account  Special Purpose Savings
- IRA  CD Account  Money Market Account  Matty's Money Club Account

#### JOINT ACCOUNT OWNER INFORMATION:

_____			_____		
Last Name	First Name	Middle Initial			
_____			_____		
Social Security Number		Mother's Maiden Name			
_____					
Email Address					
_____					
Cell Phone Number		Work Phone Number and Extension			
_____					
Driver's License #	State	Exp. Date	Date of Birth		
_____					
Primary Address					
_____					
City	State	Zip Code			
_____					
Employer	Occupation				
_____					

#### PAY ON DEATH PROVISION (BENEFICIARIES)

In the event of a death, or if there is more than one owner of this account, in the event of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this application.

_____		_____		_____		_____		_____	
Last Name	First Name	Middle Initial	Relationship	Date of Birth					
_____		_____		_____		_____			
Social Security Number:			Contact Number	%					
_____									

- I'd like to add more beneficiaries to my account.

#### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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 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).

#### DISCLOSURE

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, and any amendment 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 Account Agreement. In this Membership Application "I", "Me" and "My" mean each and every person who signs this application. "You" and "Your" mean Mattel Federal Credit Union. If I am not currently a member, I hereby make application for membership in Mattel Federal Credit Union. By signing below, I request access to the Mattel-By-Phone and Mattel-Online Systems. I agree to receive text communication from the credit union. 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 which is incorporated by this reference). I understand and agree that this Membership Application shall govern the Regular Share, the Checking Account, the Mattel Debit Visa and the Mattel-By-Phone and Mattel- Online Systems and other accounts designated by me. I authorize you to open other account(s) for me in person or per my telephone request. I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my 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.

_____	_____
Member Signature	Date
_____	_____
Joint Member Signature	Date

#### ACCOUNT NUMBER (Credit Union Use Only)

\_\_\_\_\_

FSR Initial: \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Federally Insured by  
**NCUA** Savings federally insured to at least \$250,000  
 by the NCUA, an agency of the US government.



We do business in accordance with the Federal Fair Housing Act and the Equal Credit Opportunity Act