



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	Contact Number	%
Last Name	First Name	Middle Initial	Relationship	Date of Birth	Contact Number	%

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

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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).

Social Security Number: - -

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