

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)
  - ONE CARD
  - SECOND CARD
- HOLIDAY ACCOUNT
- IRA ACCOUNT
- MATTY'S MONTHLY CLUB: Child: M  F
- TERM SHARE CERTIFICATE
- MONEY MARKET ACCOUNT
- PAYROLL DEDUCTION / DIRECT DEPOSIT
- 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

DRIVER'S LICENSE NO.

LAST NAME FIRST INITIAL

SOCIAL SECURITY NUMBER

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: \_\_\_\_\_

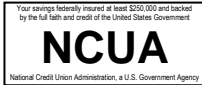
ID Verified By (Print Name): \_\_\_\_\_

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:

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

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