

Yes! I would like to open a Befit:

Account Number \_\_\_\_\_

- Savings Account     
  Youth Savings Account     
  Checking Account     
  Visa® Debit Card

Eligibility for Membership:  Employer \_\_\_\_\_  
 I am a healthcare professional in \_\_\_\_\_ county.  
 I am related to a member: Name \_\_\_\_\_ Relationship \_\_\_\_\_

What is the purpose of opening the Account?	Will you be utilizing our Loan Services?
Will you be utilizing our Wire Services?	What is your Annual Income? \$
Will you be conducting any foreign bank transaction?	Will you be utilizing our Financial Planning Services?

Phone verification code word/password (4 or more characters): \_\_\_\_\_

### Member Information

\_\_\_\_\_  
 Name ( Last - First - Middle)      Tax ID/ SSN      Date of Birth  
 \_\_\_\_\_  
 Mailing Address      Driver's License No.      Mother's Maiden Name  
 \_\_\_\_\_  
 City, State, Zip Code      Home Phone      Cell Phone  
 \_\_\_\_\_  
 Physical Address/ City, State, Zip Code (if different than above)      Work Phone      Extension      Email Address  
 \_\_\_\_\_  
 Employer      City      County      Position      Start Date

### Joint Owner #1 Information

\_\_\_\_\_  
 Name ( Last - First - Middle)      Tax ID/ SSN      Date of Birth  
 \_\_\_\_\_  
 Mailing Address      Driver's License No.      Mother's Maiden Name  
 \_\_\_\_\_  
 City, State, Zip Code      Home Phone      Cell Phone  
 \_\_\_\_\_  
 Physical Address/ City, State, Zip Code (if different than above)      Work Phone      Extension      Email Address  
 \_\_\_\_\_  
 Employer      City      County      Position      Start Date

### Joint Owner #2 Information

\_\_\_\_\_  
 Name ( Last - First - Middle)      Tax ID/ SSN      Date of Birth  
 \_\_\_\_\_  
 Mailing Address      Driver's License No.      Mother's Maiden Name  
 \_\_\_\_\_  
 City, State, Zip Code      Home Phone      Cell Phone  
 \_\_\_\_\_  
 Physical Address/ City, State, Zip Code (if different than above)      Work Phone      Extension      Email Address  
 \_\_\_\_\_  
 Employer      City      County      Position      Start Date

**Beneficiaries**

_____ Beneficiary Name ( Last - First - Middle)	_____ Date of Birth	_____ Relationship	_____ Percentage	_____ Tax ID/ SSN
_____ Address	_____ City, State, Zip Code			_____ Phone Number
_____ Beneficiary Name ( Last - First - Middle)	_____ Date of Birth	_____ Relationship	_____ Percentage	_____ Tax ID/ SSN
_____ Address	_____ City, State, Zip Code			_____ Phone Number
_____ Beneficiary Name ( Last - First - Middle)	_____ Date of Birth	_____ Relationship	_____ Percentage	_____ Tax ID/ SSN
_____ Address	_____ City, State, Zip Code			_____ Phone Number
_____ Beneficiary Name ( Last - First - Middle)	_____ Date of Birth	_____ Relationship	_____ Percentage	_____ Tax ID/ SSN
_____ Address	_____ City, State, Zip Code			_____ Phone Number

**Additional Information:**

I/We hereby make application for membership at Befit Financial Federal Credit Union. I/We agree to conform to the Policies, Procedures and Practices as amended by the credit union.

- I certify that I am within the field of membership of Befit Financial FCU and the information provided in this application is correct.
- I/We authorize Befit Financial Federal Credit Union to obtain consumer credit reports on each Owner/Joint Owner.
- I/We have received and agree to be bound to the terms and conditions of the Truth in Savings Account Agreement and Disclosure provided in the "About Your Credit Union Accounts" brochure, and any amendments thereto. I/We also agree to the current fee schedule.
- I/We understand in accordance with California's Unclaimed Property Law, C.C.P. 1500, § et seq., any funds held by the Credit Union (including, without limitation, funds in a share, share draft, certificate, or other account, sums for the payment of a teller's check, etc.) may be transferred to the Unclaimed Property Division of the California State Controller's Office if no activity occurs in the account within the time period specified by state law.

- This account agreement revokes all prior agreements regarding this account. Any person who signs this agreement may deposit or withdraw any amount in the account.
- I/We hereby pledge these shares against any amounts owed.
- I/We understand that although my ability to join the Credit Union may be based upon my place of employment, Credit Union services are not employment "benefits" and may be withheld based upon Credit Union Policies, Procedures, and Practices.
- I/We certify under penalty of perjury that (1) the Taxpayer's I.D. / Social Security Numbers above are correct, and (2) that I/we am/are NOT, unless noted below, subject to backup withholding because (a) I am exempt, or (b) I have not been notified 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.
- If applying for a Visa® Debit Card(s), I/We understand that the use of Befit Financial Federal Credit Union's Visa® Debit Card is governed by the terms and conditions set forth in the Visa® ATM/Check Card Agreement and Disclosure and hereby agree to the policies, rules and regulations of those now in force and any which may be hereafter adopted.

I am subject to backup withholding.  I am not a U.S. citizen or resident.

\_\_\_\_\_  
Joint Owner Signature 2 Date

\_\_\_\_\_  
Member Signature Date

\_\_\_\_\_  
Joint Owner Signature 3 Date

**FOR CREDIT UNION USE ONLY**

Notes:

Scanned By:

Date:



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707-557-8900

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