

MEMBERSHIP INVITATION

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

New Account _____ Change _____

ELIGIBILITY

Lives in Downey Works in Downey _____ Worships in Downey _____
 Attends School in Downey _____ Relative of DFCU Member Name: _____ Relation: _____

SELECT YOUR ACCOUNTS (For Certificate, Trust, and IRA accounts please contact the Credit Union for separate application and Signature Card.)

<input type="checkbox"/> Membership Fee	\$ _____	<input type="checkbox"/> Money Market Account	\$ _____
<input type="checkbox"/> Donation	\$ _____	(\$2,500 minimum deposit required)	
<input type="checkbox"/> Savings Account	\$ _____	<input type="checkbox"/> Holiday Club Account	\$ _____
(\$25 minimum deposit required)		<input type="checkbox"/> Minor Account	\$ _____
<input type="checkbox"/> Checking Account	\$ _____	(Under age 18) (\$5.00 minimum to open)	
<input type="checkbox"/> You Name It Account	\$ _____	<input type="checkbox"/> Summer Survival Account	\$ _____

MEMBER INFORMATION

Member Name _____

Home Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security No. _____ Driver's License No. _____

Occupation _____ Employer _____ Business Phone _____

Primary Phone _____ Mother's Maiden Name _____

E-Mail Address _____

JOINT OWNER INFORMATION

Member Name _____

Home Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security No. _____ Driver's License No. _____

Occupation _____ Employer _____ Business Phone _____

Primary Phone _____ Mother's Maiden Name _____

E-Mail Address _____

PAY ON DEATH In the event of my death, or if there is more than one owner of this account, the death of all the owners, I/we hereby designate as my/our Pay-On-Death payee to receive all sums in my/our account established on this form:

Name of Pay-on-Death Payee _____	Phone No. _____	Name of Pay-on-Death Payee _____	Phone No. _____
Address _____		Address _____	

SHARE DRAFT CHECKING ACCOUNT PACKAGE

Overdrafts can be covered by 1) A transfer from my Savings Account in \$100 increments, with no more than six (6) transfers in any calendar month, or 2) An advance from my Overdraft Line of Credit in \$25 increments, subject to terms and conditions of that account, up to my credit limit. The Line of Credit is subject to credit approval. Check only one box.

Savings Only Line of Credit Only Line of Credit then Savings No Overdraft

VISA DEBIT CARD - NO MONTHLY FEE

VISA Debit Card (Checking Account Required) Second Card for Joint Owner

ATM CARD - NO MONTHLY FEE

ATM Card Second Card for Joint Owner I do not request ATM or Debit Card _____
Initial

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). Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on.

AUTHORIZATIONS & SIGNATURES

In this Membership Invitation "I", "Me" and "My" mean each and every person who signs below. "You" and "Your" mean Downey Federal Credit Union. If I am not currently a member, I hereby make application for membership in Downey Federal Credit Union. By signing below I request access to the Telephone Banking System and Online Home Branch. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Truth in Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Membership Invitation shall govern the Regular Share, the Checking Account, the ATM Card, the VISA Debit Card, the Telephone Banking System and Online Home Branch 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 Membership Invitation and any other information you may receive.

Any beneficiary changes or the addition of joint owners must be agreed to by all owners and will affect all accounts under this Agreement. In the event any account opened under this Agreement is closed, this Agreement shall continue in full force and effect as to all other accounts that remain open under this Agreement.

Any or all owners may pledge all or any part of the shares in the accounts governed by this Agreement as collateral security for any credit union indebtedness.

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 _____
 Member Signature Date

X _____
 Joint Owner Signature Date