

Membership Application

Account Type: Share/Savings Share Draft/Checking Other: _____

Member/Owner Information:

Name: _____

SS#: _____ Date of Birth: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer Name: _____ Occupation: _____

Email Address: _____ Business Phone Number: _____

Member Eligibility: _____

Account Ownership: Individual Joint

Joint Owner Information:

Name: _____

SS#: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer Name: _____ Occupation: _____

Email Address: _____ Business Phone _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer ID number (or I am waiting for a number to be issued), and
- I am not subject to backup withholding either because I am not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am not longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign state); or a domestic trust (as defined in Regulations section 301.7701-7).
- The FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividend on your tax return.

Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FACTA reporting code (if any) _____

AUTHORIZATION

By signing below, I/We agree to the terms and conditions of Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We have received and read the agreements and disclosures applicable to the account and services requested herein. If an access card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement Disclosure.

The Internal Revenue Services does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Member/Owner Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____

Home Banking & E-Statements via the Internet

Visit us at: www.lorealusafcu.com

IPhone/Droid: L'Oréal USA FCU

Check balances, make transfers, view statements and cleared checks, make deposits and withdrawals, check current loan rates, access our loan calculator, apply for a loan, Money Desktop, Text Banking, Mobile Banking, Bill Pay, Card Valet etc. We also have text alerts available, so you can be notified by email or text to your cell phone of deposits, cleared checks or any item that clears through your account, and **ALL FREE!!**

We are Happy to help 732-499-6679

ACCOUNT SERVICES

- | | |
|---|---|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit | <input type="checkbox"/> ATM/Debit Card |
| <input type="checkbox"/> Online Banking | <input type="checkbox"/> Bill Pay |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Please include a copy of a Government Issued Identification

FOR CREDIT UNION USE ONLY

| | | |
|-----------------------------|----------------------------------|-------------------------|
| Member No: _____ | Date of Membership: _____ | Opened by: _____ |
| OFAC Response: _____ | Verify by: _____ | Date: _____ |