

# APPLICATION FOR SHARE ACCOUNT



You must meet the required minimum balance for each savings-type account you open. For more information, visit us online or call our Personal Assistance Line.

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. **You must attach a clear copy of your CURRENT DRIVER'S LICENSE or a valid state ID when you return this form to La Cap. Don't forget to attach your Direct Deposit or Payroll Deduction Form.**

Our Routing Number: 265473582

<input checked="" type="checkbox"/> <b>(✓) I WOULD LIKE TO OPEN:</b> <input type="checkbox"/> REGULAR SAVINGS <input type="checkbox"/> SPECIAL SAVINGS <input type="checkbox"/> ELITE SAVER <input type="checkbox"/> CHRISTMAS CLUB <input type="checkbox"/> VACATION CLUB <input type="checkbox"/> SHARE CERTIFICATE <input type="checkbox"/> OPPORTUNITY CHECKING <input type="checkbox"/> IRA <input type="checkbox"/> SIMPLE CHECKING <input type="checkbox"/> SIMPLE PLUS CHECKING <input type="checkbox"/> CHOICE CHECKING <input type="checkbox"/> CHOICE PLUS CHECKING <input type="checkbox"/> LIQUID ASSETS CHECKING						
NAME (FIRST)	MI	LAST	SUFFIX)	DATE OF BIRTH (MO., DAY, YR)	SOCIAL SECURITY NO.	
CURRENT HOME ADDRESS <small>CANNOT BE A POST OFFICE BOX</small>	(STREET	CITY	STATE	ZIP CODE)	HOME PHONE ( )	
MAILING ADDRESS <small>IF DIFFERENT FROM ABOVE ADDRESS</small>	(STREET	CITY	STATE	ZIP CODE)	CELL PHONE ( )	
E-MAIL ADDRESS			DRIVER'S LICENSE #		STATE	
EMPLOYER		DIVISION			DATE EMPLOYED — —	
HAVE YOU EVER BEEN A MEMBER OF LA CAPITOL FEDERAL CREDIT UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO			PREFERRED METHOD OF CONTACT		OFFICE PHONE ( )	
MOTHER'S MAIDEN NAME			GROSS INCOME / FREQUENCY \$			

<input checked="" type="checkbox"/> <b>IF YOU'RE ELIGIBLE FOR MEMBERSHIP AS A RELATIVE TO A LA CAP MEMBER, COMPLETE THE FOLLOWING ON THAT MEMBER:</b>	
LA CAP MEMBER'S NAME YOU'RE RELATED TO	
THIS MEMBER'S EMPLOYER	DIVISION
THIS MEMBER'S SOCIAL SECURITY #	YOUR RELATIONSHIP TO THIS MEMBER

<input checked="" type="checkbox"/> <b>TAXPAYER IDENTIFICATION NUMBER AND BACK-UP WITHHOLDING</b>	
<b>Taxpayer Identification/Social Security Number (Required)</b> _____ - _____ - _____	
Under the penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, (or I am waiting for a number to be issued to me), <b>and</b> 2. I am not subject to back-up 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 back-up 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 back-up withholding <b>and</b> 3. I am a U.S. person (including a U.S. resident alien).  <b>The IRS does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.</b>	

<input checked="" type="checkbox"/> <b>JOINT SAVINGS ACCOUNT AGREEMENT</b> <small>A copy of each Joint Owner's current Driver's License or a valid state ID MUST be provided when you return this form to La Cap.</small>			
JOINT OWNER (1)	SOCIAL SECURITY NO.	DATE OF BIRTH (MO., DAY, YR.)	
CURRENT HOME ADDRESS	(STREET	CITY	STATE ZIP CODE) DRIVER'S LICENSE # STATE
EMAIL ADDRESS	HOME PHONE ( )	CELL PHONE ( )	
JOINT OWNER (2)	SOCIAL SECURITY NO.	DATE OF BIRTH (MO., DAY, YR.)	
CURRENT HOME ADDRESS	(STREET	CITY	STATE ZIP CODE) DRIVER'S LICENSE # STATE
EMAIL ADDRESS	HOME PHONE ( )	CELL PHONE ( )	

**Regular, Special, and Share Certificate Accounts**  
 I would like for my  Regular  Special  Elite Saver  Christmas  Share Certificate account(s)  Checking with La Capitol Federal Credit Union to have a joint owner and understand that the La Capitol Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now, heretofore or hereafter paid in on shares by any or all of said joint owners with all accumulation thereon, are and shall be owned by them jointly, and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made:

<input checked="" type="checkbox"/> <b>SIGNATURE</b>	
I hereby make application for membership in the La Capitol Federal Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share. This account is non-transferable. By signing below, I authorize La Capitol FCU to pull my credit report for the verification of the information on this request and offer other products.	
SIGNATURE OF MEMBER <b>X</b>	DATE
SIGNATURE OF JOINT OWNER (1) <b>X</b>	DATE <input type="checkbox"/> JOINT CARD
SIGNATURE OF JOINT OWNER (2) <b>X</b>	DATE <input type="checkbox"/> JOINT CARD

LA CAP USE ONLY: Member # _____ Eligibility # _____ Branch Code _____ Suffix _____
Membership Officer _____ Date _____ Verified by _____ Suffix _____
New Member Packet: <input type="checkbox"/> Electronic <input type="checkbox"/> In Person <input type="checkbox"/> Mailed Credit Score _____ Suffix _____