

Savings & Certificate Application

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.

A clear copy of your current driver's license or a valid state ID is necessary to open this account.

Special Savings

• Minimum balance \$100.00 • Low balance fee \$5.00 • Opening deposit - \$100.00

Elite Saver

• Minimum balance \$5,000.00 • Low balance fee \$5.00 • Opening deposit - \$100.00
• Available to Choice and Choice Plus checking members

Christmas Club Savings

• Minimum balance \$100.00 • Low balance fee \$5.00 • Opening deposit - \$25.00
• Early withdrawal fee \$25 • Club term ends November 1st of each year, regardless of account opening date.

Vacation Club Savings

• Minimum balance \$100.00 • Low balance fee \$5.00 • Opening deposit - \$25.00
• Early withdrawal fee \$25 • Club term ends May 1st of each year, regardless of account opening date.

Share Certificate

• Opening deposit varies by term. • Higher dividend rates available on terms over 1 year with an active La Cap checking account.



Member Information *(please print)*

Name: _____ Social Security #: _____

Member #: _____ Suffix: _____

Mother's Maiden Name: _____ Email: _____

Mailing Address: _____ Date of Birth: _____
Street City State Zip

Home Address: _____ Driver's Lic #: _____ State: _____
If Different Street City State Zip

Employer: _____ Division: _____

Date Employed: _____ Gross Monthly Income: \$ _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

Joint Account Owner Information *(if applicable)*

You must attach a clear copy of each joint owner's current DRIVER'S LICENSE or VALID PHOTO ID when you return this form to La Cap.

Joint Acct. Owner's Name: _____ Social Security #: _____ - _____

Address: _____ Driver's Lic #: _____ State: _____
Street City State Zip

Employer: _____ Work Phone: () _____

Home Phone: () _____ Date of Birth: _____

Mother's Maiden Name: _____ Email: _____

Your signature and more information required on back. →

Joint Acct. Owner's Name: _____ Social Security #: _____ - _____

Address: _____ Street _____ City _____ State _____ Zip _____ Driver's Lic #: _____ State: _____

Employer: _____ Work Phone: (_____) _____

Home Phone: (_____) _____ Date of Birth: _____

Mother's Maiden Name: _____ Email: _____

Taxpayer Identification Number and Back-up Withholding

Taxpayer Identification/Social Security Number (REQUIRED) _____ — _____ — _____

Under 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), and
- (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).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Joint Ownership - Completing this form will add a joint owner to all accounts indicated.

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, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivors shall be valid and discharge said Credit Union from any liability to such payment. 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.

Identification - A clear copy of your current driver's license or a valid state ID is necessary to open this account.

MEMBER Driver's Lic #: _____ Click to upload driver's license image.

JOINT ACCOUNT OWNER 1 Driver's Lic #: _____ Click to upload driver's license image.

JOINT ACCOUNT OWNER 2 Driver's Lic #: _____ Click to upload driver's license image.

*** VERY IMPORTANT *** - Please make sure to complete and sign all information and return to La Cap

I hereby make application for a checking product at La Capitol Federal Credit Union. 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.

A clear copy of your current driver's license or a valid state ID is necessary to open this account.

Member's Signature (X) _____ Date: _____

Joint Owner's Signature (X) _____ Date: _____

Joint Owner's Signature (X) _____ Date: _____

| | |
|---|------------------------------|
| For La Cap Use Only Member # _____ Beacon _____ | MKT-28AP-S 1019 |
| Branch Code _____ 2 Digit Acct.# _____ | |
| Membership Offer _____ Date _____ Keyed By _____ Date _____ | Verified By _____ Date _____ |