

Check Here if Applicable

☐ UTMA* ☐ Trust*

*Complete second page

HONDA
Federal Credit Union



MEMBERSHIP APPLICATION AND AGREEMENT

(PLEASE PRINT OR TYPE ALL INFORMATION)

1. Establish Membership

Applicant Name (First, Middle, Last)			Social Security Number		Date of Birth	
Street Address			E-Mail Address			
City		State	Zip Code		Mother's Maiden Name	Monthly Gross Income
Home Telephone	Work Telephone	Cell Phone		Employer/Occupation		
Mailing Address (if different from above)			City		State	Zip Code

2. Eligibility

You are eligible for membership because:

☐ You are a Honda Associate: Associate # _____

OR

☐ You are a relative of a Member of HFCU or a Honda Associate (Complete information below)

Sponsor Name

Relationship to Sponsor

3. Account Access and E-Mail Disclosure Authorization

Indicate if You would like to establish any of the following additional means of accessing Your Account.

☐ ATM Card Access

E-Mail Authorization

☐ You acknowledge your desire to receive important periodic notifications about services or products via electronic communications. You further acknowledge your desire to request and receive disclosures, agreements, account records and/or other important information concerning Your Account via electronic communication, and that all such notifications, disclosures, agreements, account records and/or other important information shall be directed to the e-mail address indicated herein, until such further notice.

4. Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify (1) that the number shown on this form is Your correct taxpayer identification, (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as a result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding and (3) You are a U.S. person (including a U.S. resident alien).

INSTRUCTION TO SIGNER - If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, You certify (1) that a taxpayer identification number has not been issued to You and that You mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office, or You intend to mail or deliver an application in the near future, and (2) that You are not subject to backup withholding.

You understand that if You do not provide a taxpayer identification number to the Credit Union within 60 days, the Credit Union is required to withhold 31 percent of all reportable payments thereafter made to You until You provide a number.

5. Signature & Disclosures

You hereby make application for membership and/or the account(s)/services indicated and agree to conform to all Credit Union Bylaws and applicable State and Federal laws. You certify Your signature and that all information provided is true and correct. You also acknowledge that You have received and agree to be bound by any terms and conditions in this application, and in the Accounts & Services of the Credit Union Booklet, Truth-in-Savings Act, Rate and Fee Schedule, and any Special Loan, Account or other separate Account Service Applications or Agreements, which are incorporated herein by reference. The Credit Union or its agent is authorized to investigate You/Your creditworthiness, employment history, and to obtain a credit report and to answer questions about Your credit history with Us. You understand that any false or misleading statements in Your application may cause a default and termination of any or all accounts/ services. You agree that We may impress and enforce a statutory lien upon any and all Accounts with Us to the extent You owe Us any money.

The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding in section 4 of this Application. You understand and agree that the Patriot Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time.

TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

Signature

Date

CREDIT UNION USE ONLY

Member Account Number	Lookup	Opened By	Date	<input type="checkbox"/> Eligibility Verified <input type="checkbox"/> o/o	Sponsor's Account Number
Membership Officer Approval					Date

Complete only if opening an UTMA/UGMA account or Revocable Trust

Name (First, Middle, Last)	Account Number
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UTMA/UGMA ACCOUNT

For UTMA (Uniform Transfer to Minors Act) or UGMA (Uniform Gifts to Minors Act) You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends therein and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the Uniform Transfer to Minors Act (the Act) or the Uniform Gifts to Minors Act (the Act), whichever is the governing law in your state, as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the Minor’s age of 18, under the Act.

Designation of Successor Custodian. You appoint _____ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect 1) when and in the event of Your resignation, death, incompetence, or legal incapacitation, and 2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

Signature	Date
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REVOCABLE LIVING TRUST

You hereby certify that:

(1) This is a revocable trust. Name of Trust: _____;

(2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds and the maintenance of a Safe Deposit Box;

(3) The Trust Agreement appoints:

as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

(4) You understand that the Credit Union will rely on the accuracy of the foregoing information and it will continue to do so until it receives notice in writing that this certification has been revoked. You indemnify Us from any liability and cost that may incur by reason of such reliance. Upon request, We shall be entitled to a copy of the trust and any related documents.

You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this account to the living trust named above.

You agree to be bound by the terms and conditions of this Account and the Credit Union bylaws, rules, regulations and applicable State and Federal laws that may be amended from time to time.

Names of Co-Trustee or Additional Signers: (Please print or type names)

All Co-Trustees and Additional Signers are authorized to conduct business on this account, including withdrawals.

Lien Impressionment and Set-Off. You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money. Impressed liens do not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extend to any amount owed to Us now and in the future by any of the joint owners of this Account.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for the account.

Signature of Settlor Trustee for above Trust	Signature of Co-Trustee or Additional Signer
Signature of Settlor Trustee for above Trust	Signature of Co-Trustee or Additional Signer
Signature of Settlor Trustee for above Trust	Signature of Co-Trustee or Additional Signer