

Membership Number

PRIMARY OWNER

*** Must complete box before submitting application.**

Last Name * Middle Initial * First Name * / / Date of Birth *
 Social Security Number # * Identification Type State and ID# / / Issue Date / / Expiration Date
 () Home Phone () Work Phone ext. () Cell Phone Email
 Address * City * State * Zip *
 Mother's Maiden Name
 Employer * Occupation

ELIGIBILITY (Select one)

Must complete before submitting application.

Live, work, worship, or attend school in Orange County:

City name:
 Company name, location:
 Church location:
 School name, location:

Immediate Family Member (Account Number):
 Current Member (Account Number):

Were you referred to CFCU by an existing member? Yes No

If yes, member's full name: Sy Code:

ACCOUNT OPTIONS

- Regular Share Savings (\$25 min. deposit) (Required Account)
- Share Draft Checking (\$0 min. deposit)
- Christmas Club (\$1 min. deposit)
- Money Market (\$2,000 min. deposit)
- Share Certificate (\$1,000 min. deposit)
- Kirby Kangaroo Club (Age 0-12) (\$1 min. deposit)
- CU Succeed (Age 13-17) (\$1 min. deposit)
- Other:

JOINT OWNER

Last Name * Middle Initial * First Name * / / Date of Birth *
 Social Security Number # * Identification Type State and ID# / / Issue Date / / Expiration Date
 () Home Phone () Work Phone ext. () Cell Phone Email
 Address * City * State * Zip *
 Employer * Occupation
 Mother's Maiden Name Consent to contact via email/text

BENEFICIARY INFORMATION

Name * Relationship / / Date of Birth
 Name * Relationship / / Date of Birth
In the event of my death, or if there is more than one owner on this account, in the event of death of all the owners, I/we hereby designate my/our beneficiary(ies) to receive equal amount of all sums in my/our account established on this form unless otherwise noted. If I/we designate my/our beneficiaries to receive other than equal amounts of all sums in my/our account, in the event one or more beneficiary(ies) dies before me, the deceased beneficiary(ies) share will be distributed equally to the surviving beneficiary(ies).

CFCU TEAM MEMBER USE ONLY

\$5 one-time membership fee Copy of identification X
 or other OFAC ChexSystems Opened By Date
 Membership Officer Review Date

Membership Number

OVERDRAFT PROTECTION

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

Automatic Overdraft Protection is included with your membership when you have available funds in another account.

Please prioritize your overdraft protection in order of preference (1-3). In the event of an overdraft, money will be drawn from accounts in specified order to cover the overdraft(s).

Regular Savings ____ Other Savings ____ Money Market ____

OVERDRAFT PROTECTION & PROTECTION

I AUTHORIZE YOU TO CLEAR ANY OVERDRAFT OF MY CHECKING ACCOUNT BY A TRANSFER FROM MY SHARE ACCOUNT # _____

I understand and agree that the terms and conditions for this overdraft protection service are set forth in my Account Agreement and Truth-in-Savings Disclosure, receipt of which is hereby acknowledged. These instructions supersede any prior instructions from me concerning overdraft protection.

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if CFCU pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee up to **\$33** each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

TIN CERTIFICATION

Under penalty 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).

I hereby apply for membership in Capstone Federal Credit Union (CFCU) with this application and certify that I qualify for membership based on the eligibility stated above. I further understand that to continue my membership in CFCU, I must maintain an CFCU account. 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 you in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others.

USA PATRIOT ACT CUSTOMER IDENTIFICATION PROGRAM NOTIFICATION: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record any information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Consent to Contact

I agree that Capstone Federal Credit Union or its service provider(s) or third parties calling on its behalf, may contact me through calls and/or text messages to the telephone number(s) provided in this Membership Application & Agreement regarding offers for other products/services. Such telephonic contact may be made by, but is not limited to, an automated telephone dialing system or prerecorded/artificial voice messages. I acknowledge and accept any costs or charges that I may incur through my telephone service provider from such communications. I understand that I am not required to provide consent as a condition to receiving Capstone Federal Credit Union products or services. I may change the telephone number provided or withdraw my consent at any time by contacting Capstone Federal Credit Union at 800-854-7125 or Capstone FCU, 3 Polaris way, 31B, Aliso Viejo, CA 92656 or capstonefcu@capstonefcu.coop.

X _____
PRIMARY OWNER SIGNATURE * DATE

Acknowledgement of Receipt of Disclosures

By signing the Membership Application and Agreement, I acknowledge that I have received a copy of the Credit Union's Disclosure and Agreement of Terms and Conditions for Capstone Federal Credit Union Member Accounts, Electronic Services Disclosure and Agreement, Privacy Notice, and Important Privacy Choices for Consumers, and that I have received a copy of the current Rate Sheet and Service Pricing Sheet. I agree to be bound by the terms and conditions of the Credit Union's Account Agreement(s) and any amendments there to. I understand that any new account information will be verified. If received by mail, disclosures will be forwarded to me within 10 days.

The Internal Revenue Service does require your consent to any provision of this document other than the certifications required to avoid backup withholding.

*** Must sign before submitting application.**

X _____ X _____
PRIMARY OWNER SIGNATURE * DATE JOINT OWNER SIGNATURE * DATE