



Account Number: _____

“AUDITIONS” (UTMA) APPLICATION FOR MEMBERSHIP (newborn to majority)

Account Type: Share (Savings) Draft - No Debit Card (Power Checking) Additional Services: eBranch TouchTone Teller

MINOR’S INFORMATION

First Name	Middle Initial	Last Name	Social Security Number	Date of Birth
Email Address	Also Known As (“AKA”)		Type of Documentation proving “AKA”	Place of Birth
Mailing Address			City	State Zip Code
Physical Address (if different from mailing)			City	State Zip Code
Home Phone	Cell Phone	Work Phone	ID Type & Number	Mother’s Maiden Name

MEMBER (MINOR’S) ELIGIBILITY

Affiliation/Union _____

OR

Name of Qualifying ActorsFCU Member (*)	Relationship to Qualifying Member (*)	Account Number of Qualifying Member (*)
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* Existing member and new member must complete a Certification of Relationship form.

CUSTODIAN’S INFORMATION

First Name	Middle Initial	Last Name	Social Security Number	Date of Birth
Email Address	Also Known As (“AKA”)		Type of Documentation proving “AKA”	Place of Birth
Mailing Address			City	State Zip Code
Physical Address (if different from mailing)			City	State Zip Code
Home Phone	Cell Phone	Work Phone	ID Type & Number	Mother’s Maiden Name

INSURANCE BENEFICIARY

First Name	Middle Initial	Last Name	Telephone Number	Relationship
Mailing Address			City	State Zip Code

SIGNATURES

With my signature below:

- I certify that I have read and agree to all of the terms and conditions listed on the reverse side of this application.
- I attest that the minor is eligible for membership with ActorsFCU through the indicated affiliation/union or through family affiliation listed above.
- I understand that
 - even though the minor will not have control of the property until age of majority, the minor is the owner as soon as property is transferred to the account. Monies deposited in an “Auditions (UTMA)” account are considered permanent, irrevocable gifts to the minor.
 - I, as the account custodian, am the only person authorized to transact, withdraw funds or close the account. The minor is not authorized to transact on the account.
 - that upon reaching the age of majority under the state UTMA laws (usually 18 or 21, depending on the state), the minor gains control of the account and may use the monies as he/she sees fit.

X _____ Date
 Custodian’s Signature

CREDIT UNION USE ONLY

Application Type: <input type="checkbox"/> New Member <input type="checkbox"/> Update	<input type="checkbox"/> Other: _____	Disclosures Delivered: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail
Verifications: <input type="checkbox"/> Patriot Guard <input type="checkbox"/> Qualifile <input type="checkbox"/> Equifax	<input type="checkbox"/> Scan ID	Processed By: _____ Teller # _____
Supporting Docs: <input type="checkbox"/> Utility Bill (Address Verification)	<input type="checkbox"/> Other _____	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing on the reverse side, I/we certify under penalties of perjury that the Social Security Number(s)/Tax ID Number(s) written on the reverse side is/are my/our correct Social Security Number(s)/Tax ID Number(s) and that I/we am/are NOT, unless designated below, subject to backup withholding because:

- a) I/we am/are exempt from backup withholding, or
- b) I/we have not been notified by the Internal Revenue Service (IRS) that I/we am/are subject to backup withholding as a result of failure to report all interest or dividends, or
- c) The IRS has notified me/us that I/we am/are no longer subject to backup withholding. I/we further certify that unless otherwise designated below, I/we am/are a U.S. person (including a U.S. resident alien).

I/we am/are subject to backup withholding I/we am/are not a United States citizen(s) or resident(s) (complete Form W-8BEN)

ACCOUNT TERMS AND CONDITIONS

I/We hereby make application for membership with Actors Federal Credit Union (“ActorsFCU”). All account owners signing this Application for Membership hereby agree to be bound by the bylaws and policies, and any amendments thereto, of ActorsFCU. I/We certify that the information provided in this Application for Membership is true and correct and understand that my/our signature(s) on the reverse side of this application apply to all accounts under my/our name(s). I/We agree to be bound to the terms and conditions of this and all account agreements with ActorsFCU now or in the future, including but not limited to, the Important Account Information for Our Members (Terms and Conditions, Electronic Transfers, Funds Availability and Truth In Savings) and ActorsFCU’s Fee Schedule, which have been provided to me/us and which are incorporated into and made part of this membership application as though they were set forth in length. I/We agree that the Credit Union may access credit information concerning my/our account(s) now and/or in the future and understand that my/our application to establish an account will be verified through a credit reporting agency. I/We agree that ActorsFCU may charge against my/our account(s) any debt owed by me/us to ActorsFCU, now or in the future, without going through any legal process or court proceeding. If this is a joint account, ActorsFCU may charge the debt(s) owed by me/us to ActorsFCU by any or all of us against the deposits of any or all of us. I/We agree that ActorsFCU may access information concerning the handling of my/our account(s) with other financial institutions now and in the future and understand that my/our application to establish an account will be verified through an account verification service. If I/we am/are an Actors Equity Association, SAG, or AFTRA member, I/we pledge a security interest in my/our “Residuals” to cover any and all debt or other funds that I may owe to ActorsFCU, including, but not limited to, loans and account overdrafts. I/we understand that the Internal Revenue Service does not require my/our consent to any provision of this document other than the certifications required to avoid backup withholding.

CHECKING ACCOUNT AGREEMENT WITH OVERDRAFT PAYMENT PROVISIONS

I/We hereby authorize ActorsFCU to establish this Checking Account for me/us. ActorsFCU is authorized to pay checks signed by me/either of us and to charge all such payments against the shares in this account. It is further agreed that:

- a) Only checks (and other methods) approved by ActorsFCU may be used to make withdrawals from this account.
- b) ActorsFCU is under no obligation to pay a check that exceeds the fully paid and collected share balance in this account. However, if any of the undersigned writes a check that would exceed such balance and result in this account being overdrawn, ActorsFCU may:
 1. Treat such check as a request to ActorsFCU for an advance (in multiples of \$50) from the loan account identified below sufficient to permit ActorsFCU to pay such check and credit the loan advance to this account.
 2. If none of the undersigned is eligible to receive a loan advance as provided above, ActorsFCU may, nevertheless, pay such check and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular Share Account from which any of the undersigned is eligible to withdraw shares at that time.
- c) ActorsFCU may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check.
- d) When paid, checks become the property of ActorsFCU and will not be returned either with the periodic statement of this account or otherwise.
- e) Except for negligence, ActorsFCU is not liable for any action it takes regarding the payment or nonpayment of a check.
- f) Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to ActorsFCU before the end of 60 days after the statement is mailed.
- g) This account is subject to ActorsFCU’s right to require advance notice of withdrawal, as provided in its bylaws.
- h) This account is also subject to such other terms, conditions, and service charges as ActorsFCU may establish from time to time.

If this agreement is signed by more than one person, the persons signing the reverse side shall be the joint owners of this account which, in that event, shall be subject to the additional terms and conditions listed below in the “Joint Share Account Agreement (*Not Transferable)” section.

INSURANCE AND BENEFICIARY DESIGNATION

If life savings insurance is carried in connection with this account, I/we the account owner(s) who is/are the insured, hereby agree that any amounts payable to anyone or added to this account by reason of such insurance shall be paid to the beneficiary listed on the reverse side, If then living whom I/we hereby designate beneficiary of such insurance. I/we reserve the right to change or terminate the designation of beneficiary. I/We further agree that any designation or change of beneficiary, or termination of designation, shall be binding upon ActorsFCU only if filed with ActorsFCU prior to my/our death. In the absence of the filing of such a designation, change or termination, I/we agree, on behalf of myself/ourselves and my/our heirs, assigns, personal representatives and all other persons claiming through me/us to indemnify and save ActorsFCU harmless from all loss or damage by reason of the payment of the proceeds of such insurance to the beneficiary named on the reverse side. I/we understand that ActorsFCU has no obligation to continue to provide life savings insurance and that whenever ActorsFCU does provide such insurance, it may, in its sole discretion, cancel the insurance at any time.

AGE OF MAJORITY

Age 18
California, District of Columbia, Kentucky, Louisiana, Maine, Michigan, Nevada, Oklahoma, South Carolina, South Dakota, Virginia
Age 21
Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, Wyoming

As of 10/2012