

Check Here if Applicable UTMA* Trust*

*Complete second page



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		
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)

 Sponsoring Member/Associate's Name

 Relationship to Member/Associate

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 results 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
----------------------------	----------------

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 even 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 of Custodian

Date

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 withdraw 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 notices 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 above Trust

Signature of Co-Trustee or Additional singer

Signature of Co-Trustee or Additional signer

Signature of Co-Trustee or Additional signer

Signature of Co-Trustee or Additional signer

Signature of Co-Trustee or Additional signer

Check One

- Opening New Share(s)
 Modifying Existing Share(s)



Account Owner Designation (Please print or type all information)

1. Member Information

Member Name (First, Middle, Last)	Social Security Number
-----------------------------------	------------------------

2. Share Account(s)

<input type="checkbox"/> Savings	<input type="checkbox"/> Checking # _____	<input type="checkbox"/> Money Market # _____
<input type="checkbox"/> Secondary Savings _____	<input type="checkbox"/> Interest Checking # _____	Type _____
<input type="checkbox"/> Premier Savings	<input type="checkbox"/> Premier Checking # _____	<input type="checkbox"/> Savings Certificate – Term _____
<input type="checkbox"/> Honda Cash Funding	<input type="checkbox"/> Overdraft from Savings _____	Type _____
<input type="checkbox"/> Bill Payment	<input type="checkbox"/> Overdraft from VISA _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> HAM Business Checking	<input type="checkbox"/> No Overdraft	

3. Add Joint Owner(s) of Shares indicated above

Mark box if you have more than two (2) joint owners.

Joint Owner 1

Name (First, Middle, Last)	Date of Birth	Social Security Number	Relationship to Member
Street Address	City	State	Zip Code
		Daytime Phone Number	

Joint Owner 2

Name (First, Middle, Last)	Date of Birth	Social Security Number	Relationship to Member
Street Address	City	State	Zip Code
		Daytime Phone Number	

4. Pay-On-Death beneficiaries of Shares indicated above

In the event of Your death, You hereby designate the following beneficiary(ies): **Mark box if you have more than two (2) beneficiaries.**

Name (First, Middle, Last)	Percentage	Name (First, Middle, Last)	Percentage
Social Security Number	Date of Birth	Social Security Number	Date of Birth

Initial here if you wish to designate the aforementioned beneficiaries for all of your existing share accounts. (IRA accounts excluded) This supersedes previous beneficiary designations within this membership account.

Consent of Spouse (if beneficiary is other than spouse.)

(For community property state only)

Signature of Spouse

Date

5. Signatures & Disclosures

You hereby make application for the account(s)/services indicated and agree to conform to all Credit Union Bylaws, and applicable State and Federal Laws. You certify the signature(s) and all information herein applies to all accounts designated above, and 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 credit worthiness, employment history, and to obtain a credit report and to answer questions about you/your credit history with us. Your credit report may also be used to pre-determine Your possible eligibility for various Honda Federal Credit Union products and services. You understand that any false or misleading statements in your application may cause termination of any or all accounts/services.

You understand that if this Account Owner Designation is also an application to include a joint owner(s), that by making this a joint account, all owners of the account will have the same accesses to the account(s) and account service(s), and will share the same responsibilities for items deposited and/or repayment, regardless of contribution. 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.

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 IDENTITY VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETE.

Primary Owner Signature

Date

Joint Owner #1 Signature

Date

Joint Owner #2 Signature

Date

CREDIT UNION USE ONLY / CIP VERIFICATION

Member Account Number	Share ID(s)	Opened by	Date	<input type="checkbox"/> o/o	<input type="checkbox"/> address verified
				<input type="checkbox"/> CIP required & attached	

Eligibility Verification

The eligibility process is to be verified by completion of either Section A or B of this form. Section A requires the sponsoring member to verify the applicant's eligibility by signing three times. Section B requires information about the sponsoring member and the Credit Union will contact the sponsor to verify eligibility.

A. Sponsoring Member Signature Verification – Section A completed by Sponsoring Member

I, _____ hereby certify that the following named person is
(Please Print)
eligible for membership with Honda Federal Credit Union because of the family relationship to me, therefore
naming me as the sponsoring member:

(Please Print) (Eligible Member)

(Please Print) (Relationship to Sponsor)

By signing this document in the spaces below, I am attesting to and certifying that the above listed person is eligible for membership with Honda Federal Credit Union. **I further understand that, unless I am jointly responsible for an account opened with this person, I will not be held responsible for any detrimental activity on this membership.** (Sponsor to sign three times to complete the verification process.)

(Sponsoring Member)

(Sponsoring Member)

(Sponsoring Member)

(Date)

B. Sponsoring Member Phone Verification

(Applicant Name)

(Sponsoring Member)

(Phone # of Sponsor) _____ (Acct #)

(Relationship)

Must verbally verify the following for the Sponsor:

- Address (Must match what is on file)

Must verbally verify at least 2 of the following:

- Account Number/Associate Number
- Date of Birth
- Social Security Number
- Payroll Deduction Amount
- Last Direct Deposit Amount
- Deposit Account Types Held at Credit Union
- Loan Account Types Held at Credit Union
- Other _____

Credit Union Only Section

Account Number: _____ Member Name: _____