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# MEMBERSHIP APPLICATION

### IMPORTANT: Customer Identification Program Information

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. What this means for Me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You will also ask to see my driver's license or other identifying documents.

#### I'M JOINING AS: (subject to verification)

- a Japanese Ancestry (LA/OC resident) \_\_\_\_\_
- an Employee/Member of  JACCC  FACCSLA  other \_\_\_\_\_
- a Family/Household Member of \_\_\_\_\_

#### I'M APPLYING FOR:

- Savings (\$1 required to open and maintain membership)
- Secured Plus Checking  Secondary Savings
- IRA  CD Account  Money Market Account  Youth/UTMA Account

#### PRIMARY ACCOUNT OWNER INFORMATION:

Last Name		First Name		Middle Initial
Social Security Number		Mother's Maiden Name		
Email Address				
Cell Phone Number		Work Phone Number and Extension		
Driver's License #	State	Exp. Date	Date of Birth	
Primary Address				
City	State	Zip Code		
Employer	Occupation			

#### JOINT ACCOUNT OWNER INFORMATION:

Last Name		First Name		Middle Initial
Social Security Number		Mother's Maiden Name		
Email Address				
Cell Phone Number		Work Phone Number and Extension		
Driver's License #	State	Exp. Date	Date of Birth	
Primary Address				
City	State	Zip Code		
Employer	Occupation			

#### PAY ON DEATH PROVISION (BENEFICIARIES)

In the event of a death, or if there is more than one owner of this account, in the event of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this application.

Last Name	First Name	Middle Initial	Relationship	Date of Birth	Contact Number	%
Last Name	First Name	Middle Initial	Relationship	Date of Birth	Contact Number	%

I'd like to add more beneficiaries to my account.

#### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties 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).

Social Security Number:    -   -

#### DISCLOSURE

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, and any amendment thereof, of Nikkei Credit Union and Mabuhay Credit Union, a division of Nikkei Credit Union. I acknowledge receipt of the Account Agreement, Disclosure for Electronic Services, Truth-in-Savings, and the Fee Schedule and agree to be bound by their terms. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Account Agreement. In this Membership Application "I", "Me" and "My" mean each and every person who signs this application. "You" and "Your" mean Nikkei Credit Union. If I am not currently a member, I hereby make application for membership in Nikkei Credit Union. By signing below, I request access to the Nikkei-By-Phone and Nikkei-Online Systems. I agree to receive text communication from the credit union. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth-in-Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Membership Application shall govern the Regular Share, the Checking Account, the Nikkei Debit MasterCard and the Nikkei-By-Phone and Nikkei-Online Systems and other accounts designated by me. I authorize you to open other account(s) for me in person or per my telephone request. 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, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Signature Card and any other information you may receive.

Member Signature	Date
Joint Member Signature	Date

#### ACCOUNT NUMBER (Credit Union Use Only)

FSR Initial: \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



Federally Insured by **NCUA**  
Savings federally insured to at least \$250,000 by the NCUA, an agency of the US government.



We do business in accordance with the Federal Fair Housing Act and the Equal Credit Opportunity Act