



## Agreement

In this Membership Invitation "I", "Me" and "My" mean each and every person who signs on the reverse. "You" and "Your" mean Universal City Studios Credit Union. If I am not currently a member, I hereby make application for membership in Universal City Studios Credit Union. By signing on the reverse I request access to the AUDRE Audio Response System. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the 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 authorize you to open other accounts(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 Membership Invitation and any other information you may receive.

### Signature Verification Driver's License or I.D. cards

**IMPORTANT:** for verification of signatures only, all applicants (Primary and Joint) must attach a photocopy of a current and valid driver's license, California identification card, out-of-state driver's license, out-of-state identification card, U.S. Passport, a Resident Alien Card or military I.D.

All I.D.'s must contain a photograph.

CREDIT UNION USE ONLY			
<input type="checkbox"/> Non-Documentary Method Used: Results:	Check Sys NR	OFAC NM	SSN Search OK
<input type="checkbox"/> Description of Resolution of any Substantive Discrepancy _____			
<input type="checkbox"/> Verified By _____	Print Name _____	Title _____	
Signature _____	Date _____		
<input type="checkbox"/> Approved By _____	Print Name _____	Title _____	
Signature _____	Date _____		

FORM 201 Rev. 9/11

## Escheat Notice

THE STATE OF CALIFORNIA REQUIRES US TO NOTIFY YOU THAT YOUR UNCLAIMED PROPERTY MAY BE TRANSFERRED TO THE STATE IF THERE IS NO ACTIVITY OR CONTACT ON THE ACCOUNT FOR A PERIOD OF THREE YEARS.

Signature \_\_\_\_\_

## Below Minimum Notice

Please remember \$100.00 must be kept in your prime share (savings) account at all times. There will be a quarterly service fee of \$5.00 assessed to your account if a \$100.00 minimum average daily balance is not met. Should your account reach a zero balance, the account will be closed by the Credit Union without prior notice.

Please note that the \$5.00 quarterly fee may be waived if you have more than one service in your account. (i.e. share draft, share certificate, money market, etc.)

Signature \_\_\_\_\_



90 Universal City Plaza, Bldg. 1320  
Universal City, CA 91608

175 E. Olive Ave., #100  
Burbank, CA 91502

Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government. National Credit Union Administration, a U.S. Government Agency.  
Equal Opportunity Lender. Equal Housing Lender.



UNIVERSAL CITY STUDIOS  
CREDIT UNION

Phone: 888-FOR MY CU  
888-367-6928  
www.ucscu.org

# Membership Invitation...

Member Number: \_\_\_\_\_

To join, simply complete and return the application to UCSCU, include a photocopy of a government-issued I.D. as stated on the reverse.

**Important Information About Procedures for Opening a New Account:** To help 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 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.

How did you hear about us?  Website  Newspaper Ad  Flyer  Event  Presentation  Referral  Newsletter  Other

## HOW ARE YOU ELIGIBLE FOR MEMBERSHIP? (check one and fill in below)

Employee of  Relative of (Name/Acct#/Relationship)  Live, work, worship and/or attend school in eligible zip code

### PRIMARY OWNER INFORMATION

### JOINT OWNER INFORMATION

Member Name (Last)	First	Middle Initial	Joint Owner Name (Last)	First	Middle Initial
Address			Address		
City	State	Zip	City	State	Zip
Birth Date (MM/DD/YYYY)	Home Phone ( )		Birth Date (MM/DD/YYYY)	Home Phone ( )	
Employer Name	Business Phone ( )	Ext.	Employer Name	Business Phone ( )	Ext.
Social Security Number	Driver's License Number		Social Security Number	Driver's License Number	
E-mail	Mother's Maiden Name		E-mail	Mother's Maiden Name	
<b>Are you a U.S. citizen?</b> <input type="checkbox"/> <b>YES!</b> Please provide a clear copy of your driver's license or State I.D. Card <input type="checkbox"/> <b>NO!</b> Please provide a clear copy of your Passport showing country of origin, photo and passport number or Alien Identification Card (Green Card) or government-issued identification.			<b>Are you a U.S. citizen?</b> <input type="checkbox"/> <b>YES!</b> Please provide a clear copy of your driver's license or State I.D. Card <input type="checkbox"/> <b>NO!</b> Please provide a clear copy of your Passport showing country of origin, photo and passport number or Alien Identification Card (Green Card) or government-issued identification.		

## BENEFICIARIES (P.O.D.) PAYEE(S)

In the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the owner(s) hereby designated as P.O.D. Payee(s) to receive all sums in my/our account established on this form:

Name	Social Security Number	Birth Date	Relationship
Address	City	State	Zip

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

My taxpayer identification number is (Social Security Number):    -   -

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 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).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8-BEN if you are not a U.S. person.

## ACKNOWLEDGEMENT (see reverse for signature verification requirements)

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of Universal City Studios Credit Union. I acknowledge receipt of the Electronic Services Disclosure and Agreement, Truth-in-Savings, and the Fees and Policies Brochure 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 Agreement on the reverse.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

<b>X</b>	Primary Owner Signature	Date	<b>X</b>	Joint Owner Signature	Date
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## SELECT ACCOUNTS AND SERVICES

<input type="checkbox"/> Membership Fee (\$1.00 one-time non-refundable fee)	\$ <u>1.00</u>	<input type="checkbox"/> Money Market	\$ _____
<input type="checkbox"/> Regular Share (Savings) (\$5.00 minimum one-time initial deposit)	\$ <u>5.00</u>	<input type="checkbox"/> \$2,500-\$9,999 <input type="checkbox"/> \$10,000-\$49,999 <input type="checkbox"/> \$50,000+	\$ _____
<input type="checkbox"/> Universal Share Draft (Checking)	\$ _____	<input type="checkbox"/> Share Certificate (\$500.00 minimum deposit to open)	\$ _____
<input type="checkbox"/> Premier Share Draft (Checking)	\$ _____	<input type="checkbox"/> 3-Month <input type="checkbox"/> 6-Month <input type="checkbox"/> 12-Month <input type="checkbox"/> 24-Month <input type="checkbox"/> 36-Month	\$ _____
<input type="checkbox"/> Celebrity Share Draft (Checking)	\$ _____	<input type="checkbox"/> IRA Share Certificate <input type="checkbox"/> Roth IRA Certificate <input type="checkbox"/> Coverdell E.S.A.	\$ _____
		<input type="checkbox"/> (\$500.00 minimum deposit to open)	\$ _____
		<input type="checkbox"/> 1-Year <input type="checkbox"/> 2-Year <input type="checkbox"/> 3-Year	\$ _____
		<input type="checkbox"/> Holiday Club (\$25.00 minimum deposit to open)	\$ _____
		<b>TOTAL DEPOSIT ENCLOSED:</b>	\$ _____

## PROXY CARD (optional)

Tl hereby appoint the Board of Directors of Universal City Studios Credit Union by majority vote as Proxy holder to attend any members' meetings with full power to vote and act for me. This Proxy shall remain in force for three (3) years from this date unless revoked by me, either in writing or by my attendance at a members' meeting. This Proxy may be used for the following purposes:

- Election of the Board of Directors
- Election of the Credit Committee
- Election of the Supervisory Committee
- Amendments to the Articles of Incorporation and Bylaws
- Transaction of such other business as may come before any meeting of the members, or any adjournment thereof.

Name (Please Print)	Account Number
Signature	Date