

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:	Check Sys	OFAC	SSN Search
Results:	NR	NM	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 _____		

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.



JOIN US!
MEMBERSHIP
INVITATION



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 () ()	Cell () ()	Birth Date (MM/DD/YYYY)	Home Phone () ()	Cell () ()
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	
Employer Name	Business Phone	Ext.	Employer Name	Business Phone	Ext.
Occupation			Occupation		
Are you a U.S. citizen? <input type="checkbox"/> YES! Please provide a clear copy of your driver's license or State I.D. Card <input type="checkbox"/> NO! 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.			Are you a U.S. citizen? <input type="checkbox"/> YES! Please provide a clear copy of your driver's license or State I.D. Card <input type="checkbox"/> NO! 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

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 withhold-ing, 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, (3) I am a U.S. person (including a U.S. resident alien), and (4) Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. 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.

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

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.

X _____ X _____
Primary Owner Signature Date Joint Owner Signature Date

SELECT ACCOUNTS AND SERVICES

<input type="checkbox"/> Membership Fee (\$1.00 one-time non-refundable fee)	\$ 1.00	<input type="checkbox"/> Money Market	\$ _____
<input type="checkbox"/> Regular Share (Savings) (\$5.00 minimum one-time initial deposit)	\$ 5.00	<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.	\$ _____
		(\$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)	\$ _____
		TOTAL DEPOSIT ENCLOSED:	\$ _____

PROXY CARD (optional)

TI 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 Supervisory Committee
- Election of the Credit 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