

ACCOUNT AGREEMENT

The San Francisco Lee Federal Credit Union is authorized to recognize any of the signatures below in the payment of funds or the transaction of any business on this account. The parties to this account agreement agree with each other and with the Credit Union that all shares in this account shall be owned as follows:

Individual Account – This account or certificate is owned by the named party. Upon the death of that party, ownership passes to the named pay-on-death payee(s).

Joint Account – This account or certificate is owned by the named parties. Upon the death of any of them, ownership passes to the survivor(s). Upon the death of all of them, ownership passes to the named pay-on-death payee(s).

The owner(s) of this account agree with each other and with the Credit Union that all shares and all accumulations thereon are subject to the withdrawal or receipt by any of the owners, and payment to any of them shall be valid and discharge the Credit Union from any liability for such payment.

Any or all of the joint owners may pledge all or any part of the shares in this account as security for a loan or loans.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by the owners, or any of them, except by written notice to the Credit Union, which written notice shall not affect transactions previously made. Shares are not transferable except on the books of the Credit Union. All parties to this account agreement shall keep the Credit Union informed of any change(s) in their address(es).

The Credit Union makes credit available to its members on a regular basis. I/We authorize the Credit Union to obtain credit reports in connection with future credit opportunities.

X _____ Dated: _____
Member's Signature

X _____ Dated: _____
Other Owner's Signature

MEMBERSHIP APPLICATION

I hereby make application for membership in, and agree to conform to the By-Laws (as amended) of,
The San Francisco Lee Federal Credit Union

Member Name (PLEASE PRINT)	Social Security Number	Account Number
Address ()	City	State ZIP
Home Phone	Date of Birth	Dr. Lic. #
Employer ()	Occupation	
Business Phone	Mother's Maiden Name	
Other Owner's Name (PLEASE PRINT)	Social Security Number	Account Number
Address	City	State ZIP

DESIGNATION OF BENEFICIARY (INSURANCE)

In the event of my death, I, the undersigned, a member of the Credit Union, hereby designate _____ as my beneficiary to receive any and all amounts paid under the terms of any Group Life Insurance Agreement to said credit union.

Beneficiary's Address _____ City _____ State _____ ZIP _____

Account No. _____ Dated: _____

Member's Signature: _____

DESIGNATION OF BENEFICIARY (SHARES)

In the event of my death, I, the undersigned, a member of the Credit Union, hereby designate _____ as my beneficiary to receive any and all amounts paid into this account.

Beneficiary's Address _____ City _____ State _____ ZIP _____

Account No. _____ Dated: _____

Member's Signature: _____

FORM W-9

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Name (If Joint Account, Give Other Owner's Name): _____

Address: _____

City, State and Zip Code: _____

Account Numbers: _____

Part I. Taxpayer Identification Number (TIN). Enter your Taxpayer Identification Number in the box below. For individuals and sole proprietors, this is your Social Security Number. For other entities, it is your Employer Identification Number. (If you do not have a number, see the instructions under "How To Obtain a TIN"). NOTE: If the account is in more than one name, see the chart contained in the instructions for guidelines on whose number to enter.

Social Security Number or Employer Identification Number: _____

Part II. For Payees exempt from backup withholding. (See instructions)

CERTIFICATION

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and (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.

Certification Instructions: You must cross out item (2) above if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see "Signing the Certification" under "Specific Instructions" in the instructions.)

Signature: **X** _____ Dated: _____