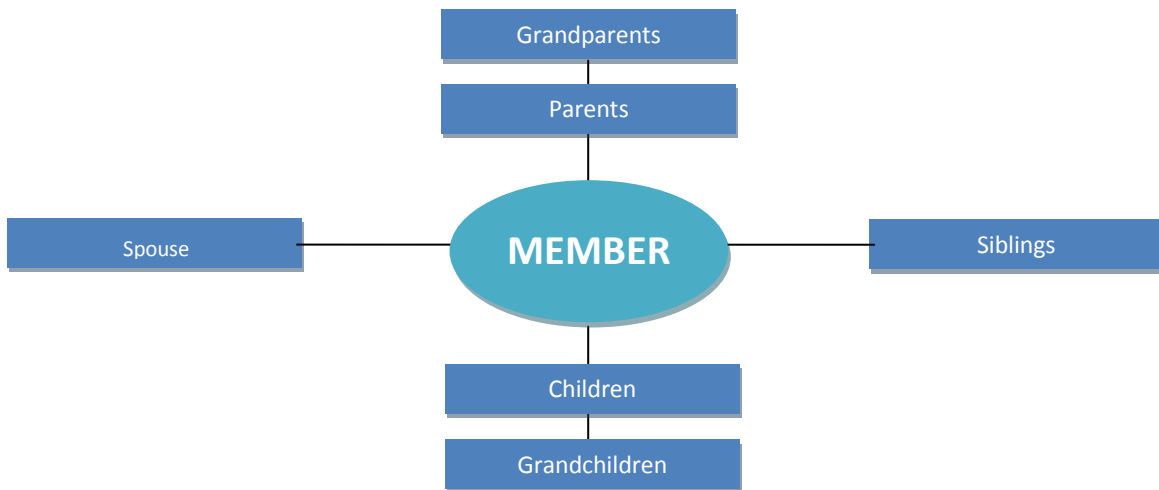


## BECOME A MEMBER

There are no fees to join. Once a member, always a member. Even if you change jobs or retire, you can continue to enjoy our benefits.

To join, you must belong to one of the groups (or common bonds) listed below and maintain \$5 in your savings account.

- Employees of the City & County of Honolulu, State of Hawaii;
- Immediate family members of a City & County employee or existing credit union member (see chart below);
- Aloha Pacific FCU employees;
- City & County employees who are retired or on leave of absence;
- [REDACTED]
- [REDACTED]
- SEGs (Select Employee Groups) as approved by the Board of Directors (over 70 groups, including HGEA, Waipahu Community Association, COSTCO Hawaii Kai, AOA Harbor Court and many others);
- Members of their immediate families or household; and organizations of such persons.



## HOW TO JOIN?

### Individual Membership

Those who meet the eligibility requirements may join Aloha Pacific FCU. Please bring the following documents to any Aloha Pacific FCU branch.

- Completed Account Card
- Valid Photo ID for Each Person on the Account [REDACTED]
- Field of Membership Verification
- Personal Trust Document (Trust Account Only)
- Minor's Social Security Card and Minor's Birth Certificate (Minor Account Only)
- Opening Balance

Definitions: "City & County employees" – all full-time or part-time employees, including elected officials and contracted and appointed employees paid salaries and wages by City & County warrants. "Members of their immediate families" include parents, grandparents, siblings, spouse, children, grandchildren, stepchildren, stepparents, stepsiblings and adopted children.





**ACCOUNT SERVICES**

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> Other:	

**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 (or I am waiting for a number to be issued), 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, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

**Certification 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

<p><b>X</b></p> <p>Signature _____ Date _____</p>	<p><b>X</b></p> <p>Signature _____ Date _____</p>
<p><b>X</b></p> <p>Signature _____ Date _____</p>	<p><b>X</b></p> <p>Signature _____ Date _____</p>

<b>FOR CREDIT UNION USE ONLY</b>	<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
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Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking