



Prospective Member:

A Savings Account is required for membership with Actors Federal Credit Union (ActorsFCU). Featured Role accounts require an initial deposit of \$100 at account opening. A balance of \$100 must be in the savings account before the end of each calendar month and one member-initiated transaction must be completed every twelve months to avoid fees. Upon reaching the age of majority (depending on the state), the minor gains control of the account and may use the monies as they see fit. Featured Role accounts are available to minors with an existing Coogan account, minors whose parents belong to the credit union, or minors who belong to one of our affiliated membership organizations. Our affiliated membership organizations can be located at <https://www.actorsfcu.com/about/about-us/member-organizations>.

WHAT WE NEED FROM YOU

In order to open a Featured Role Account with ActorsFCU, please prepare the following items/documents:

1. Completed membership application package with wet signature(s) – No Digital Signatures.
2. Proof of membership eligibility:
 - Select Employee Group (SEG) affiliation (unexpired union card, recent pay stub or original letter from employer). **OR**
 - Proof of relationship to current member (certification of relationship form).
3. Copy of Valid Government-issued photo ID for BOTH minor and custodian. If minor does not possess a Valid Government-issued Photo ID we will need the following:
 - Clear copy of the minor's original certified birth certificate.
 - Clear copy of the minor's school ID with name and picture.
4. Proof of address (e.g., utility bill or lease agreement) if the address on the custodian's photo ID does not match the address listed on your membership application.

HOW TO SUBMIT YOUR INFORMATION:

Our preferred method of document submission is through our Secure File Upload Center located on our website. From your Personal Computer (or mobile phone), go to www.actorsfcu.com, select Resources from top menu (three dashes on upper right hand on mobile phone) and select "Secure File Upload Center". Complete the required fields and upload all items listed above.

If you do not have the ability to submit your application via our Secure File Upload Center, we can also accept your application and documents in person or via USPS mail. Applications should be submitted to the ActorsFCU Branch that is nearest to your home address. Applications that are submitted via mail or fax may require additional time for processing. Our branch locations are listed on the footer of this letter or at <https://www.actorsfcu.com/about/locations/locations>.

PROCESSING THE APPLICATION

Once we have received the completed application and all supporting documents, the package will be assigned to a new account representative within **1 to 3 business days**. You will receive an email with the name and email address of the assigned representative. Once the application is assigned, please allow **7 to 10 business days** for account opening. Please note that incomplete packages will delay these processing times.

FUND YOUR NEW ACCOUNT

You must deposit at least \$100 to establish this membership.

If you have any questions or need assistance, please contact us at 212.869.8926, option 6.

Main Office

165 West 46th Street, 14th Flr
New York, NY 10036

Chicago

557 West Randolph Street, 1st Flr
Chicago, IL 60661

Los Angeles

5757 Wilshire Boulevard, Ste 655
Los Angeles, CA 90036

North Hollywood

5636 Tujunga Ave, Ste 102
North Hollywood, CA 91601



ACCOUNT # _____

"FEATURED ROLE" APPLICATION FOR MEMBERSHIP (13 to 21 years)

ACCOUNT TYPE: ☒ Savings (Share) ☐ Checking (Draft)
OWNERSHIP TYPE: ☒ Joint Tenancy
ACCOUNT SERVICES: ☐ TOUCH-TONE TELLER (Phone Banking) ☐ ONLINE BANKING ☐ eDOCUMENTS (Paperless Statements)
☐ MOBILE DEPOSIT (Requires eDocuments) ☐ DEBIT CARD

MEMBER ELIGIBILITY**OR**

Union/Affiliation

Name of Qualifying ActorsFCU Member *

Relationship to Qualifying Member *

* Existing and New member must complete a Certification of Relationship form.

MINOR'S INFORMATION

First Name	Middle Name	Last Name	Social Security Number	Date of Birth
Primary Email Address	Also Known As (AKA - Optional)		AKA Documentation	Place of Birth (City & State)
Mailing Address		City	State	Zip Code
Physical Address (if different from mailing)		City	State	Zip Code
Primary Phone	Cell Phone	Home Phone	ID Type & Number	Mother's Maiden Name

CO-OWNER'S INFORMATION (MINOR'S GUARDIAN OR PARENT; REQUIRED)

First Name	Middle Name	Last Name	Social Security Number	Date of Birth
Primary Email Address	Also Known As (AKA - Optional)		AKA Documentation	Place of Birth (City & State)
Mailing Address		City	State	Zip Code
Physical Address (if different from mailing)		City	State	Zip Code
Primary Phone	Cell Phone	Home Phone	ID Type & Number	Mother's Maiden Name

WIRE TRANSFER PIN

In order to be able to submit wire transfers via facsimile (fax) or email, you are required to establish an up to six (6) digit alphanumeric code. Please commit it to memory or keep a note of this in a safe place, as faxed or emailed wire transfer request will not be processed without this code. _____

SIGNATURES

With these signatures below:

1. I/We certify that I/we have read and agree to all of the terms and conditions listed on the reverse side of this application.
2. We attest that the minor is eligible for membership with ActorsFCU through the indicated affiliation/union or through family affiliation listed above.
3. We understand that
 - a. The required savings (share) account has a minimum opening balance requirement of \$100 to complete membership and avoid account(s) closure.
 - b. A balance of \$100 must be in the savings account before the end of each calendar month and one member-initiated transaction must be completed every twelve months to avoid fees.
 - c. Both primary owner (minor) and co-owner must possess a valid Social Security Number and present a valid/unexpired government-issued photo identification (U.S. State Identification/Driver License or U.S. Passport). School identification is not acceptable.
 - d. Both primary owner (minor) and co-owner can request a VISA Debit Card. Primary owner's (minor) card has a non-adjustable usage limit of \$600.00 per rolling 24 hours.

As Co-Owner (minor's guardian or parent), I understand that by signing this application I accept that I am financially responsible for this account, including any charges or fees associated with it.

X _____	X _____
Minor's Signature	Co-Owner's Signature
Date	Date

CREDIT UNION USE ONLY

Application Type: <input type="checkbox"/> New Member <input type="checkbox"/> Update <input type="checkbox"/> Add Co-Owner <input type="checkbox"/> Other: _____	Disclosures Delivered: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Email
Verification/Serv.: <input type="checkbox"/> OFAC <input type="checkbox"/> ChexSystems <input type="checkbox"/> ID <input type="checkbox"/> T-T-Teller <input type="checkbox"/> Online Banking <input type="checkbox"/> eDocs <input type="checkbox"/> Mobile Deposit <input type="checkbox"/> Debit Card <input type="checkbox"/> Checks	
Supporting Docs: <input type="checkbox"/> Utility Bill (Address Verification) <input type="checkbox"/> Other: _____	Processed By (Teller Stamp): _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing on the reverse side, I/we certify under penalties of perjury that the Social Security Number(s)/Tax ID Number(s) written on the reverse side is/are my/our correct Social Security Number(s)/Tax ID Number(s) and that I/we am/are NOT, unless designated below, subject to backup withholding because:

- a) I/we am/are exempt from backup withholding, or
- b) I/we have not been notified by the Internal Revenue Service (IRS) that I/we am/are subject to backup withholding as a result of failure to report all interest or dividends, or
- c) The IRS has notified me/us that I/we am/are no longer subject to backup withholding. I/we further certify that unless otherwise designated below, I/we am/are a U.S. person (including a U.S. resident alien).

****** ONLY SELECT IF YOU HAVE BEEN NOTIFIED BY IRS AND IS APPLICABLE ******

- ☐ I/we am/are subject to backup withholding ☐ I/we am/are NOT a United States citizen(s) or resident(s) (complete Form W-8BEN)

ACCOUNT TERMS AND CONDITIONS

I/We hereby make application for membership with Actors Federal Credit Union ("ActorsFCU"). All account owners signing this Application for Membership hereby agree to be bound by the bylaws and policies, and any amendments thereto, of ActorsFCU. I/We certify that the information provided in this Application for Membership is true and correct and understand that my/our signature(s) on the reverse side of this application apply to all accounts under my/our name(s). I/We agree to be bound to the terms and conditions of this and all account agreements with ActorsFCU now or in the future, including but not limited to, the Important Account Information for Our Members (Terms and Conditions, Electronic Transfers, Funds Availability and Truth In Savings) and ActorsFCU's Fee Schedule, which have been provided to me/us and which are incorporated into and made part of this membership application as though they were set forth in length. I/We agree that ActorsFCU may access credit information concerning my/our account(s) now and/or in the future and understand that my/our application to establish an account will be verified through a credit reporting agency. I/We agree that ActorsFCU may charge against my/our account(s) any debt owed by me/us to ActorsFCU, now or in the future, without going through any legal process or court proceeding. If this is a joint account, ActorsFCU may charge the debt(s) owed by me/us to ActorsFCU by any or all of us against the deposits of any or all of us. I/We agree that ActorsFCU may access information concerning the handling of my/our account(s) with other financial institutions now and in the future and understand that my/our application to establish an account will be verified through an account verification service. If I/we am/are an Actors Equity Association, SAG-AFTRA member, I/we pledge a security interest in my/our "Residuals" to cover any and all debt or other funds that I may owe to ActorsFCU, including, but not limited to, loans and account overdrafts. I/we understand that the Internal Revenue Service does not require my/our consent to any provision of this document other than the certifications required to avoid backup withholding.

CHECKING ACCOUNT AGREEMENT

I/We hereby authorize ActorsFCU to establish this Checking Account for me/us. ActorsFCU is authorized to pay checks signed by me/either of us and to charge all such payments against the shares in this account. It is further agreed that:

- a) Only checks (and other methods) approved by ActorsFCU may be used to make withdrawals from this account.
- b) ActorsFCU is under no obligation to pay a check that exceeds the fully paid and collected share balance in this account. In cases where ActorsFCU's inability to return or decline a request for payment results in a negative account balance, I/we agree to restore the account to a positive balance immediately.
- c) ActorsFCU may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check.
- d) When paid, checks become the property of ActorsFCU and will not be returned either with the periodic statement of this account or otherwise.
- e) Except for negligence, ActorsFCU is not liable for any action it takes regarding the payment or nonpayment of a check.
- f) Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to ActorsFCU before the end of 60 days after the statement is mailed.
- g) This account is subject to ActorsFCU's right to require advance notice of withdrawal, as provided in its bylaws.
- h) This account is also subject to such other terms, conditions, and service charges as ActorsFCU may establish from time to time.

If this agreement is signed by more than one person, the persons signing the reverse side shall be the joint owners of this account which, in that event, shall be subject to the additional terms and conditions listed below in the "Joint Share Account Agreement (*Not Transferable)" section.

CO-OWNER SHARE ACCOUNT AGREEMENT (*NOT TRANSFERABLE)

ActorsFCU is hereby authorized to recognize any of the signature(s) subscribed on the reverse side in the payment of funds or the transaction of any business for this/these account(s). The joint owners of this account hereby agree with each other and with ActorsFCU that all sums now paid in on shares, or heretofore or hereafter paid in on shares, by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge ActorsFCU from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by ActorsFCU from time to time. Any or all of said joint owners may pledge all or any part of shares in this account as collateral security to a loan or loans from ActorsFCU. The right or authority of ActorsFCU under this agreement shall not be changed or terminated by said owners, except by written notice to ActorsFCU, which shall not affect transactions therefore made.

eDOCUMENTS AGREEMENT

I/we agree that:

- a) I/We will only receive one more copy of my/our paper Account statement through U.S. mail.
- b) I/We will notify ActorsFCU if I/we change my/our email address.
- c) I/We specifically agree that ActorsFCU may provide all disclosures, period statements, agreements, notices, amendments, revisions, and all other documents electronically. I/We will be able to download and/or print these disclosures, agreements, and notices through an appropriate electronic terminal and/or should review all such disclosures, statements, and agreements in a safe and convenient place. I/We have the right to receive a paper copy of an electronic record if applicable law specifically requires ActorsFCU to provide such. Also, I/we may withdraw my/our consent and revoke my/our agreement to receive documents electronically. To request a paper copy or to withdraw of my/our consent and agreement to receive electronic records, I/we must deliver a signed written request to ActorsFCU. I/We can deliver this request; by facsimile (fax) to 212.575.5836, by email to mservices@actorsfcu.com, and by mail or in person to any of ActorsFCU branches.

CHECK DEPOSIT ONLINE – ALL OPTIONS

I/We agree and understand that Check Deposit Online, including Android and iPhone apps, is a service offered at the discretion of ActorsFCU to qualifying members. It may be granted or revoked at any time. I/We understand that by participating in Check Deposit Online in all versions, I/we agree to receive all notifications and statements through eDocuments, ActorsFCU's electronic documents program, and that I/we will no longer receive statements or other notifications by mail. Should my/our email address change, I/we understand it is my/our responsibility to provide ActorsFCU with my/our new valid email address. I/We understand that Check Deposit Online is available for the deposit of any checks payable to me/us (with proper endorsements) drawn on U.S. financial institutions in U.S. funds, including money orders and traveler's checks. Check Deposit Online may not be used for any checks drawn on foreign financial institutions, even those drawn in U.S. dollars. This includes all checks drawn on Canadian financial institutions, including those drawn in U.S. dollars. I/We understand that I/we may deposit up to an aggregate or single check total of \$5,000.00 per 24 hour period. Checks larger than \$5,000.00 cannot be deposited using this method. I/We are able to deposit a maximum of five checks per session. If a deposited item is returned to ActorsFCU for insufficient funds or for any other reason, I/we am/are responsible for any funds I/we may have used that ActorsFCU is unable to collect. Additionally, a fee for a "Returned Deposited Item" will be charged. This includes if the scan of your check is not legible. To prevent any issues in the case of such an occurrence, I/we must retain the actual printed check for a minimum of 45 days. Failure to be able to produce an actual check, within ten (10) business days, in the event ActorsFCU is unable to read my/our scan will result in my/our account being debited for the amount of the item and any applicable associated fees. All other ActorsFCU guidelines, fees, and disclosures not explicitly included here apply.



ACCOUNT # _____

Consent to Receive Disclosures & Documents in Electronic Format (eDocs)

Please carefully read this information and the related account(s) and/or loan(s) disclosures, forms, agreements and other related documents (collectively, the "Account Documents"). By signing below, you (i) agree to be bound by the terms and conditions of the Account Documents, (ii) confirm that the information provided on the Account Documents is accurate and complete, (iii) confirm that you have at least the minimum necessary hardware and software requirements listed below* to access and retain the Account Documents electronically, and (iv) agree to receive the Account Documents in electronic format. Your consent to receive the Account Documents electronically is applicable with respect to the account(s) and/or loan(s) that is subject to the Account Documents. You have the right to obtain paper copies of the Account Documents at no cost to you by contacting us in writing at:

Actors Federal Credit Union, Attn: Member Services, 165 West 46th Street, New York, NY 10036, (212) 869-8926, Fax (212) 575-5836.

You may withdraw your consent to receive the Account Documents electronically at any time by contacting us in writing at the foregoing address or fax number. Alternatively, you may decline to participate in this electronic transaction and instead you may request paper forms to complete the account or loan process manually.

Minimum Software and Hardware Requirements

Operating system	Windows 8 or above, MacOS 10.12, iOS 12.0 or Android 8.0
Browser	Current release versions of Microsoft Edge, Google Chrome, Mozilla Firefox, or Safari.
PDF Reader	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution	800 x 600 minimum
Security Settings	Allow per session cookies
Security Software	Current version of commercially available anti-virus software with recently updated security database.

DOCUMENTS IN ELECTRONIC FORMAT SELECTION

- ☐ Yes, I/we give my consent to receive Account Documents in Electronic Format
- ☐ No, I/we do NOT give my consent to receive Account Documents in Electronic Format
- ☐ Please revoke my previous consent to receive Account Documents in Electronic Format

SIGNATURE(S)

_____ Minor's Printed Name	_____ Minor's Signature	_____ Date
_____ Co-Owner's Printed Name	_____ Co-Owner's Signature	_____ Date

CREDIT UNION USE ONLYDelivered: ☐ In Person ☐ By Mail ☐ By Email ☐ By Fax

Received Date: _____ Processed By (Teller Stamp): _____