Prospective Member:

A Savings Account is required for membership with Actors Federal Credit Union (ActorsFCU). Personal accounts require an initial deposit of $100 to the savings account at 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.

Personal accounts (savings and checking) are available to individuals that belong to one of our affiliated membership organizations (https://www.actorsfcu.com/about/about-us/member-organizations) or are related to an immediate family member (parent, child, sibling, spouse/domestic partner, grandparent or grandchild) with an existing account.

WHAT WE NEED FROM YOU

In order to open a Personal 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 all account holders.
4. Proof of address (e.g., utility bill or lease agreement) if the address on the photo ID does not match the address listed on your membership application.

HOW TO SUBMIT YOUR INFORMATION:

Our preferred method of document submission is though 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.

ACCOUNT # _____

PERSONAL APPLICATION FOR MEMBERSHIP

ACCOUNT TYPE: ☑ Savings (Shares) ☐ Checking (Draft)

OWNERSHIP TYPE: ☐ Individual ☐ Joint Tenancy (with Rights of Survivorship)

Overdraft Transfer from Savings to Checking: ☐ Yes (Additional Fees Apply) ☐ No X _____

☐ POD ACCOUNT (Beneficiary Designation) ☐ TOUCH-TONE TELLER (Phone Banking) ☐ ONLINE BANKING
☐ eDOCUMENTS (Paperless Statements) ☐ MOBILE DEPOSIT (Requires eDocuments) ☐ ATM/DEBIT CARD

MEMBER ELIGIBILITY

_____ **OR** _____ _____
Union/Affiliation | Name of Qualifying ActorsFCU Member | Relationship to Member

[REQUIRES CERTIFICATION OF RELATIONSHIP FORM]

PRIMARY OWNER

_____ _____ _____ _____ _____
First Name | Middle Name | Last Name | Social Security Number | Date of Birth

_____ _____ _____ _____
Email Address | Also Known As (AKA - Optional) | AKA Documentation | Place of Birth

_____ _____ _____ _____
Mailing Address | City | State | Zip Code

_____ _____ _____ _____
Physical Address (if different from mailing) | City | State | Zip Code

_____ _____ _____ _____ _____
Home Phone | Cell Phone | Work Phone | ID Type & Number | Mother's Maiden Name

CO-OWNER

_____ _____ _____ _____ _____
First Name | Middle Name | Last Name | Social Security Number | Date of Birth

_____ _____ _____ _____
Email Address | Also Known As (AKA - Optional) | AKA Documentation | Place of Birth

_____ _____ _____ _____
Mailing Address | City | State | Zip Code

_____ _____ _____ _____
Physical Address (if different from mailing) | City | State | Zip Code

_____ _____ _____ _____ _____
Home Phone | Cell Phone | Work 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 my/our 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) I/We attest that I/we am/are eligible for membership with ActorsFCU through the indicated affiliation/union or through family affiliation listed above.

X_____ _____ **X**_____ _____
Primary Owner | Date | Co-Owner | Date

CREDIT UNION USE ONLY

Application Type: ☐ New Member ☐ Update ☐ Add Co-Owner ☐ Other: _____ Disclosures Delivered: ☐ In Person ☐ By Mail ☐ By Email
Verification/Serv.: ☐ OFAC ☐ ChexSystems ☐ ID ☐ T-T-Teller ☐ Online Banking ☐ eDocs ☐ Mobile Deposit ☐ Debit Card ☐ Checks
Supporting Docs: ☐ Utility Bill (Address Verification) ☐ 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 Applicable ******

☐ I/we am/are subject to backup withholding (if you are unsure leave unchecked) ☐ 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 WITH OVERDRAFT PAYMENT PROVISIONS

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. However, if any of the undersigned writes a check that would exceed such balance and result in this account being overdrawn, ActorsFCU may:
   1. Treat such check as a request to ActorsFCU for an advance (in multiples of $50) from the loan account identified sufficient to permit ActorsFCU to pay such check and credit the loan advance to this account.
   2. If none of the undersigned is eligible to receive a loan advance as provided above, ActorsFCU may, nevertheless, pay such check and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular Share Account from which any of the undersigned is eligible to withdraw shares at that time.
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.

COURTESY PAY

Courtesy Pay is one of three options in our overdraft protection program (the other two are overdraft transfers from Savings [Share] and overdraft transfers from Cash Draw). This overdraft "courtesy" covers your checks and electronic debit transactions (ACH) and even your ActorCash VISA Debit Card purchases. Instead of returning a check unpaid, denying an electronic debit (ACH), or rejecting a VISA Debit Card purchase because of money on hold in your account (not available for use), the Credit Union may, at its discretion, cover the transaction. Courtesy Pay, as with all options in our overdraft protection program, is engaged based on a members available balance not their current balance. Recent deposits, withdraws, and holds may affect your available balance.

Key Features and Requirements of Courtesy Pay (1) Must have a Checking (Draft) Account (2) Courtesy Pay limit: $750 including fees (3) Courtesy Pay fee: listed in our Fee Schedule (4) Must bring the account current within thirty (30) days by: (a) Deposit at one of our branch offices, a PayNet location, CO-OP ATM, or Shared Branch (b) Direct deposit (c) Or by transfer of funds. (5) Overdrafts may be paid with your Courtesy Pay funds up to the limits mentioned above for the following types of transactions: (a) Checks (Drafts) (b) Electronic Debit transactions (ACH) (c) Bill Pay transactions (ACH) (d) Everyday Debit Card (ActorCash VISA Debit Card) transactions (purchases without cash back). Courtesy Pay does not work for cash withdrawals at the teller window, ATM machine, or for a Debit Card purchase with cash back. (6) You may "opt in" if you are a member in good standing (current with all loans/credit card payments, having no legal orders or negative reports on ChexSystems or on your Credit Report); if you complete the appropriate form; if you agree that ActorsFCU may access credit information concerning your account(s) now and/or in the future; and if you agree to have your application to establish an account or opt in to Courtesy Pay verified through a credit reporting agency. (7) You may "opt out" at any time by completing the appropriate form. If you have established other overdraft protection methods with us, such as a Cash Draw line of credit or automatic transfer from your Savings (Share) Account, we will always pay an overdraft by those methods first, if it can cover the complete overdraft and fees, before paying your overdraft using Courtesy Pay.

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.

ACH AND WIRE TRANSFER

This agreement is subject to Article 4A of the Uniform Commercial Code - Fund Transfers as adopted in the state in which you have your account with us. If you originate a fund transfer for which Fedwire is used, and you identify by name and number a beneficiary financial institution, an intermediary financial institution or a beneficiary, we and every receiving or beneficiary financial institution may rely on the identifying number to make payment. We may rely on the number even if it identifies a financial institution, person or account other than the one named. You agree to be bound by automated clearing house association rules. These rules provide, among other things, that payments made to you, or originated by you, are provisional until final settlement is made through a Federal Reserve Bank or payment is otherwise made as provided in Article 4A-403(a) of the Uniform Commercial Code. If we do not receive such payment, we are entitled to a refund from you in the amount credited to your account and the party originating such payment will not be considered to have paid the amount so credited. If we receive a payment order to credit an account you have with us by wire or ACH, we are not required to give you any notice of the payment order or credit.

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.

MOBILE APP CHECK DEPOSIT ONLINE

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, 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.

In addition to the above-referenced Check Deposit Online terms and agreements, I/we grant ActorsFCU permission to obtain the primary signer's credit report and score. I/We understand that, based on the primary signer's credit score, I/we may or may not qualify for eLimit, ActorsFCU's automated expedited funds availability service. eLimit is not a form of credit, but rather gives expedited funds availability of deposited funds up to the dollar amount of the assigned eLimit. My/Our eLimit availability will be reduced by holds applied on any outstanding Check Deposit Online. I/We understand that my/our eLimit will be unavailable if my/our account balance becomes negative. If I/we do not qualify for eLimit, I/we may still be allowed to use Check Deposit Online, and I/we understand that expedited funds availability may still be available to me/us through eZ Hold. In order for eZ Hold to apply, I/we need to have available funds on deposit in this account at ActorsFCU. Deposits greater than my/our available eLimit will be allowed; however, immediate credit will only be granted on the amount up to my/our available eLimit plus any funds available through eZ Hold. Once the item(s) has/have been received by ActorsFCU, the remainder of the funds that have not been given immediate availability will be processed according to ActorsFCU's normal "funds availability schedule." In addition, once the item is received by ActorsFCU, the dollar amount of my/our eLimit expedited funds availability that was extended on a deposit will not be available for future deposits until ActorsFCU's normal funds availability schedule expires. All other ActorsFCU guidelines, fees, and disclosures not explicitly included here apply.

BASE ACCOUNT # _____

OVERDRAFT PROTECTION AND COURTESY PAY

Overdraft Protection from Cash Draw Line of Credit, Overdraft Protection from Savings (not eMax$ Online), and Courtesy Pay are three options in our overdraft protection program. To enroll or un-enroll from any of these services, you may complete this form and submit it to us.

OVERDRAFT PROTECTION

Overdraft Protection from Cash Draw Line of Credit or Base Savings, if you are enrolled in these services, the credit union may transfer funds from Cash Draw Line of Credit in increments of $10 or your Base Savings (not eMax$ Online) account for overdraft amount and overdraft fee (see current fee schedule). The overdraft transfer service (from cash draw line of credit or savings) may be a less expensive alternative to the credit union's overdraft protection services.

COURTESY PAY

A "courtesy" to cover your checks and electronic debit transactions (ACH) and even your ActorCash VISA Check Card purchases. Instead of returning a check unpaid, denying an electronic debit (ACH), or rejecting a VISA Check Card purchase because of funds on hold in your account, which are not available for use, the Credit Union may, at its discretion, cover the transaction, saving you additional charges from merchant, collection companies and saving you the embarrassment an inadvertent overdraft can cause. It also helps protect your credit rating. With Courtesy Pay, ActorsFCU provides a higher level of service to you by helping protect your account and reputation when an inadvertent overdraft occurs.

Key features and requirements of Courtesy Pay include:

1. Must have a checking account.
2. Courtesy Pay limit is $750 including fees (see current fee schedule).
3. Must bring the account current within thirty (30) days.
   a. Overdrafts may be paid with your Courtesy Pay funds up to the limits mentioned above for the following types of transactions: Drafts (Checks), Electronic Debit Transactions (ACH), Bill Pay Transactions (ACH), Everyday Debit Card (VISA Check Card) Transactions (Purchases without cashback).
   b. Courtesy Pay does NOT work for cash withdrawals at the teller window, ATM machine and Debit Card purchase with cashback.
4. You may "opt in" if you are a member in good standing (current with all loans/credit card payments, having no legal orders or negative reports on your Credit Report) and completing this form. We will perform a soft pull (does not affect your credit history) of the primary signer's credit history to determine eligibility.

If you have established other overdraft protection methods with us, such as a Cash Draw line of credit or automatic transfer from your Savings Account, we will always look to pay an overdraft by those other methods first, if it can cover the complete overdraft and fees, before paying your overdraft utilizing Courtesy Pay.

IMPORTANT INFORMATION ABOUT COURTESY PAY

1. The credit union is not obligated to pay any item presented for payment if the account does not contain sufficient collected funds. However, we may, at the credit union's sole discretion, pay reasonable overdrafts as a non-contractual courtesy.
2. Limits: When members opt in for Courtesy Pay, generally an automatic limit of $750 is set, including fees. Once the $750 limit is reached Courtesy Pay will automatically be disabled. NSF fees or other debits may cause the share draft account to become more negative than the $750 limit. Lower limits may be assigned to accounts with payment history issues.
3. Account Fees: Whether the credit union pays or returns non-sufficient funds items, a per-item fee will be charged to the member's account as a non-sufficient funds or Courtesy Pay charge, up to ten fees per day. After the maximum number of daily fees have accrued, Courtesy Pay will be suspended, regardless of whether or not the $750 limit has been reached and additional items may not be paid.
4. Multiple Fees for the same item: It is the policy of ActorsFCU to charge only one fee per item, even if it is re-presented by a merchant or creditor. However, sometimes merchants do not properly encode charges as a previously submitted item. If we are able to establish that the charge is for a previously submitted item, we will refund any additional fees.
5. Maximum Courtesy Pay Fees: Courtesy Pay fees may be charged daily until the Courtesy Pay limit has been reached. Once the Courtesy Pay dollar limit has been reached, no more Courtesy Pay fees will be assessed until the overdraft has been paid and the service is restored. NSF fees may continue to accrue.
6. Available Balance and Settlement: Items will be paid based on current available balance in the draft account. Courtesy Pay fees will be charged for items paid which exceed the available balance. If a charge has already been approved at a time when the available balance is sufficient to cover the charge but is not submitted by the merchant until the available balance has been depleted below the amount of the charge, the charge will be paid and no Courtesy Pay fee will be assessed.
7. Errors: If you believe that you have been erroneously charged a fee due to a merchant submitting an item multiple times, or that the charge had been approved when the account had the available funds to cover it, you may contact member services and we will investigate the circumstances. If you were charged due to these or other possible errors, the fee(s) charged in error will be refunded.

OVERDRAFT PROTECTION AND COURTESY PAY USE ORDER AND ENROLLMENT

Option 1	Overdraft from Cash Draw Line of Credit: **Online Line of Credit application and approval required.**	☐ Opt-In	☐ Opt-Out
Option 2	Overdraft from base savings (NOT eMax$ Online nor other savings): **Will only transfer funds needed for overdraft and overdraft fee(s) are available in base savings.**	☐ Opt-In	☐ Opt-Out
Option 3	Courtesy Pay for drafts (checks) and ACH transactions:	☐ Opt-In	☐ Opt-Out
Option 4	Courtesy Pay for everyday Debit Card Transactions: **To enroll in Option 4, you must first enroll in Option 3****	☐ Opt-In	☐ Opt-Out

SIGNATURE(S)

_____	**No Electronic or Computer Generated Signatures**	_____
Primary Accountholder Printed Name	Primary Accountholder Signature	Date
_____	**No Electronic or Computer Generated Signatures**	_____
Co-Owner Accountholder Printed Name	Co-Owner Accountholder Signature	Date

CREDIT UNION USE ONLY

Delivered: ☐ In Person ☐ By Mail ☐ By Email ☐ By Fax **Received Date:** _____ **Processed By (Teller Stamp):** _____

ACCOUNT # _____

ACCOUNT BENEFICIARY FORM [DESIGNATION / UPDATE]

This form will supersede any previous beneficiary designation you may have on record with ActorsFCU for the disposition of your ActorsFCU accounts. This form is not accepted for any IRA; please complete the IRA Beneficiary form.

- Please print clearly in blue or black ink only; NO whiteout or uninitiated changes/corrections.
- Complete all the information requested [being thorough will help us locate your beneficiary(ies) when necessary].
- Beneficiaries may be an individual(s) or a Trust. ActorsFCU does not offer contingent beneficiaries.

ACCOUNT INFORMATION

Account Owners own account in equal parts. Beneficiaries do not become effective until ALL account owners have expired.

_____ Primary Owner Complete Legal Name

_____ Co-Owner 1 Complete Legal Name

_____ Co-Owner 2 Complete Legal Name

_____ Co-Owner 3 Complete Legal Name

BENEFICIARY # 1

_____ First, Middle, and Last Legal Name **OR** Trust Name

_____ Social Security Number, TIN **OR** EIN

_____ Date of Birth (for Individuals)

_____ Physical Address (Include Unit # – P.O. Box NOT accepted)

_____ City

_____ State

_____ Zip Code

_____ Contact Phone Number

_____ Percentage

_____ Relationship to Account Owner # ____

BENEFICIARY # 2

_____ First, Middle, and Last Legal Name **OR** Trust Name

_____ Social Security Number, TIN **OR** EIN

_____ Date of Birth (for Individuals)

_____ Physical Address (Include Unit # – P.O. Box NOT accepted)

_____ City

_____ State

_____ Zip Code

_____ Contact Phone Number

_____ Percentage

_____ Relationship to Account Owner # ____

BENEFICIARY # 3

_____ First, Middle, and Last Legal Name **OR** Trust Name

_____ Social Security Number, TIN **OR** EIN

_____ Date of Birth (for Individuals)

_____ Physical Address (Include Unit # – P.O. Box NOT accepted)

_____ City

_____ State

_____ Zip Code

_____ Contact Phone Number

_____ Percentage

_____ Relationship to Account Owner # ____

Note: If you have more than three (3) beneficiaries, you may submit additional account beneficiary forms

SIGNATURES

The undersigned agree to the terms stated on this form as a designation/update to the Account Agreement governing the account referenced above, and also agree to the beneficiary(ies) designation/update indicated. The undersigned also agree to the terms stated in the separate Account Agreement and Disclosures and Fee Schedule, and acknowledge their receipt.

X No Electronic or Computer Generated Signatures _____ Primary Owner _____ Date

X No Electronic or Computer Generated Signatures _____ Co-Owner 1 _____ Date

X No Electronic or Computer Generated Signatures _____ Co-Owner 2 _____ Date

X No Electronic or Computer Generated Signatures _____ Co-Owner 3 _____ Date

CREDIT UNION USE ONLY

Delivered: ☐ In Person ☐ By Mail ☐ By Email ☐ By Fax **Page** ___ **of** ___ **Received Date:** _____ **Processed By (Teller Stamp):** _____

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 W 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 give my consent to receive Account Documents in Electronic Format

☐ No, I 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)

No Electronic or Computer Generated Signatures

_____ _____ _____

Primary Accountholder Printed Name | Primary Accountholder Signature | Date

No Electronic or Computer Generated Signatures

_____ _____ _____

Co-Owner Printed Name | Co-Owner Signature | Date

CREDIT UNION USE ONLY

Delivered: ☐ In Person ☐ By Mail ☐ By Email ☐ By Fax **Received Date:** _____ **Processed By (Teller Stamp):** _____