



1440 Rosecrans Avenue, Manhattan Beach, CA 90266
800.854.9846 | kinecta.org

Trust Membership Application

		Membership #		<input type="checkbox"/> New Membership <input type="checkbox"/> Account Change		
SECTION 1	TRUST INFORMATION		<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust			
	Trust Name			Established Date		
	Mailing Address		City	State	Zip	
SECTION 2	REVOCABLE TRUSTS ONLY - TRUSTOR INFORMATION (IF DIFFERENT FROM TRUSTEES)					
	Trustor #1	Last Name	First Name		Middle Initial	
	Social Security or Tax ID #		Date of Birth		Mother's Maiden Name	
	Trustor #2	Last Name	First Name		Middle Initial	
	Social Security or Tax ID #		Date of Birth		Mother's Maiden Name	
SECTION 3	Primary Accounts		Applicable Shares:			
	Membership Eligibility		I am eligible to join Kinecta in one of the following ways:			
	If this is a revocable trust, one or more trustor(s) are member(s) of the Credit Union. If this is an irrevocable trust, either the trustor or beneficiary must be members or, in the case of multiple trustors or beneficiaries, all the trustors or all of the beneficiaries must be members of the Credit Union. For the trust to become a member with all rights of membership (including voting rights for the trust), all trustors, trustees and beneficiaries must be eligible for membership in the Credit Union.					
	<p>A \$5.00 minimum savings account deposit is required for membership.</p> <input type="checkbox"/> Employee of a Select Employer Group (SEG): Company name _____					
SECTION 4	<input type="checkbox"/> Community Group (CG): <input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Worship <input type="checkbox"/> Attends School <input type="checkbox"/> Anaheim <input type="checkbox"/> Lancaster <input type="checkbox"/> Rialto <input type="checkbox"/> Santa Ana <input type="checkbox"/> Check ZIP (Requires ZIP Code) _____					
	<input type="checkbox"/> Associational Group (AG): Associational Common Bond (Locals, PTAs, Churches, etc.) _____					
	<input type="checkbox"/> Immediate Family Member: Member Name _____ Relationship _____					
	<input type="checkbox"/> Innovision Society (Must include Innovision Society Membership Application). Co-Op # _____					
<p>USA Patriot Act: Federal law requires that we obtain, verify and record information that identifies each person who opens an account, including all acting trustees. Within this application, 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. Approval of your application may be delayed pending further verification of your identity.</p>						
SECTION 5	Part 1		Taxpayer Identification Number (TIN)			
	Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).			Tax Identification Number	Employer Identification Number	
	Part 2		Certification			
<p>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; and 3. I am a U.S. citizen or other U.S. person. The FATCA code certification does not apply. Certification instructions. You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, 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. 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>						
SIGN HERE	Signature of Trustee ▶			Date ▶		
<input type="checkbox"/> CHECK BOX IF NON-RESIDENT ALIEN AND DO NOT SIGN THE SIGNATURE LINE ABOVE. MUST COMPLETE A W-8BEN INSTEAD.						
SECTION 6	ACCOUNT AGREEMENT					
	<p>This membership application controls all accounts opened and listed in the account number section at the top of this form except Business Accounts. Individual Retirement Accounts (IRA) require an additional agreement to be executed. I/we understand that if I/we wish to open new accounts under terms and conditions other than those set forth herein, or with different ownership, I/we must execute a new Master Membership Application/Signature Card ("agreement"). I/we also understand that the terms and conditions set forth in any subsequently-executed agreement shall apply only to those account numbers listed in the new agreement.</p>					
	<p>I/we authorize the credit union to obtain consumer credit reports for the purpose of evaluating this application and in the future for other legitimate purposes associated with my/our account(s), including but not limited to, account review and servicing and collections purposes. I/we authorize and instruct Kinecta FCU (Kinecta) to obtain my consumer credit report from Kinecta's designated credit reporting agency(ies), now or in the future, to determine my eligibility for products or services, including in order to market to me. I understand that I may withdraw this instruction by contacting Kinecta's Member Contact Center. Upon my/our request, you will provide me/us with the name(s) and address(es) of the consumer reporting agency(ies) that furnished the report(s).</p>					
	<p>I/we agree to conform to the Credit Union by-laws, the terms and conditions of the Trust Membership Application and Agreements & Disclosures (Share Accounts, Truth in Savings, Electronic Services and Privacy Policy). I hereby apply for membership and I/we authorize Kinecta Federal Credit Union to verify all the information supplied herein; and to verify my/our creditworthiness. All applicants must provide two forms of valid identification including a state or U.S. Government-issued photo ID. As required by federal law, the Credit Union must verify the identity of each person seeking to open an account (including trustees and co-trustees) and must maintain records of the information used to verify each person's identity.</p>					
	Trustee 1 Signature: _____			Date: _____		
Trustee 2 Signature: _____			Date: _____			
Trustee 3 Signature: _____			Date: _____			
Trustee 4 Signature: _____			Date: _____			



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Membership

SECTION 5	TRUSTEE #1 INFORMATION		Applicable Shares:					
	Last Name		First Name		Middle Initial	Social Security or Tax ID #		
	Driver's License, State Or Other ID #		Type	Issuing Agency	Exp Date	Date of Birth		Mother's Maiden Name
	Residential Address					City	State	Zip
	Number of Years at Address		Previous Address (If Less Than 2 Years At Current Address)			<input type="checkbox"/> Buying/Own With Mortgage <input type="checkbox"/> Government Quarters <input type="checkbox"/> Live With Parents <input type="checkbox"/> Other <input type="checkbox"/> Own Free And Clear <input type="checkbox"/> Rent		
	Mailing Address					City	State	Zip
	Home Phone #		Work/Daytime Phone #		Cell Phone #		E-mail Address	
	Employer (If Retired, Former Employer Name)			School/Occupation			Employment Duration	<input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student
	SIGN HERE	Trustee #1 Signature ►					Date ►	
	TRUSTEE #2 INFORMATION		Applicable Shares:					
Last Name		First Name		Middle Initial	Social Security or Tax ID #			
Driver's License, State Or Other ID #		Type	Issuing Agency	Exp Date	Date of Birth		Mother's Maiden Name	
Residential Address					City	State	Zip	
Number of Years at Address		Previous Address (If Less Than 2 Years At Current Address)			<input type="checkbox"/> Buying/Own With Mortgage <input type="checkbox"/> Government Quarters <input type="checkbox"/> Live With Parents <input type="checkbox"/> Other <input type="checkbox"/> Own Free And Clear <input type="checkbox"/> Rent			
Mailing Address					City	State	Zip	
Home Phone #		Work/Daytime Phone #		Cell Phone #		E-mail Address		
Employer (If Retired, Former Employer Name)			School/Occupation			Employment Duration	<input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student	
SIGN HERE	Trustee #1 Signature ►					Date ►		
<p>Consent to Contact by Telephone and/or by Text: By signing this document below, I/we (trustee, and any co-trustees referenced herein) agree that the Credit Union may from time to time make calls and/or send text messages to me/us at any telephone number(s) provided in this Trust Membership Application, including any mobile/cellular telephone numbers and/or numbers that are later converted to mobile/ cellular telephone numbers, that may or may not result in data usage and/or charges to me/us. This is so the Credit Union can service and keep me informed about my membership, any and all of my/our account(s), any loans and transactions I/we have executed or may enter into with Kinecta, and/or to provide me/us with fraud, security breach, or identity theft alerts. I/We also agree that I/we may be contacted by the Credit Union service providers and/or any third party making such calls or sending such text messages on its behalf. The manner in which these calls or text messages may be made to me/us include, but are not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems. I/We understand that I/we am/are not required to provide consent as a condition to receiving the Credit Union's products or services. I/We may change the telephone number(s) provided at any time by contacting the Credit Union at 1-800-854-9846.</p> <p>By also initialing this paragraph below, I/we further authorize Kinecta to contact me/us as set forth above, by making calls and/or sending text messages to me/us at any telephone number(s) I/we have provided in this Trust Membership Application, through, but not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems, to offer products and services that might be of interest to me/us. I/We understand that I/we am/are not required to provide this additional consent as a condition to receiving the Credit Union's products or services.</p> <p>Trustee Initials _____ Trustee Initials _____ Trustee Initials _____ Trustee Initials _____</p>								
<input type="checkbox"/> Check here if page 3 is required for additional trustees.								

FOR OFFICE USE ONLY

Rep #	Office #	Date
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