

KIMBERLY CLARK CREDIT UNION

1520 N. Second St., Memphis, TN 38107
 Phone: (901)521-4646 or 1-800-462-7777
 Fax # (901)521-4644
 www.kimberlyclarkcu.org

Membership Application Which Kimberly-Clark facility? _____

Member # _____ K-C payroll ID #B _____

Date _____ Hire date _____

Important Information about procedures for opening your credit union account(s)

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. (Subsection 314(b) of the USA Patriot Act and 31 CFR 103.110). **What this means for you:** When you open an account, we will ask for your name, address, date of birth, social security number and other information that will allow us to identify you. This may include your driver's license and a secondary document such as an employee ID badge, pay stub, health insurance card, voter registration card or social security card. This documentation must also be provided for any joint member(s) on your account. We thank you for your cooperation as we all work together to support the effort to maintain the security of your funds and our country.

Type of Account Ownership: Individual/Payable on Death [] Joint/With right of survivorship [] Joint/With right of survivorship [] and beneficiary(s)

Accounts Opened:

Other Services Requested

[] Share Savings [] Custom Share Savings ATM/Debit Card [] Payroll deduction []
 [] Share Certificate [] Holiday Club NetBranch/KIM []

Primary Member Information - Please print

Last name _____ First name _____ MI _____
 Social Security # _____ / _____ / _____ Birthdate _____ / _____ / _____ Mother's Maiden Name _____
 Street address _____ City _____ State _____ Zip _____
 Mailing address (only if different from above) _____
 Email address _____ Home Phone () _____
 Work Phone () _____ Extension # _____ Cell Phone () _____
 Driver's License # _____ State _____ Issue Date _____ / _____ / _____ Expiration Date _____ / _____ / _____

Beneficiary Designation (Payable on death)

Upon the death of the individual owner, and/or if held jointly upon the death of all joint members, funds in all accounts covered by this application will be payable to the individual(s) named below. If no percentages are listed, the distribution will default equally.

First name _____ **MI** _____ **Last name** _____ **Percent** _____
Relationship _____ **Date of birth** _____ / _____ / _____ **Soc. Sec. #** _____ / _____ / _____ **Phone** () _____
Street _____ **City** _____ **State** _____ **Zip** _____

First name _____ **MI** _____ **Last name** _____ **Percent** _____
Relationship _____ **Date of birth** _____ / _____ / _____ **Soc. Sec. #** _____ / _____ / _____ **Phone** () _____
Street _____ **City** _____ **State** _____ **Zip** _____

First name _____ **MI** _____ **Last name** _____ **Percent** _____
Relationship _____ **Date of birth** _____ / _____ / _____ **Soc. Sec. #** _____ / _____ / _____ **Phone** () _____
Street _____ **City** _____ **State** _____ **Zip** _____

First name _____ **MI** _____ **Last name** _____ **Percent** _____
Relationship _____ **Date of birth** _____ / _____ / _____ **Soc. Sec. #** _____ / _____ / _____ **Phone** () _____
Street _____ **City** _____ **State** _____ **Zip** _____

Continued on back (Primary member and joint member(s) must sign on back.)

Member's name _____ Member/Acct. # _____ Date _____

Joint with right of survivorship designation (Please print)

Last name _____ First name _____ MI _____

Relationship to primary member _____ Employer _____

Social Security # _____ / _____ / _____ Birthdate _____ / _____ / _____ Mother's Maiden Name _____

Street address _____ City _____ State _____ Zip _____

Mailing address (only if different from above) _____

Email address _____ Home Phone () _____

Work Phone () _____ Extension # _____ Cell Phone () _____

Driver's License # _____ State _____ Issue Date _____ / _____ / _____ Expiration Date _____ / _____ / _____

Secondary ID description _____

Joint with right of survivorship designation (Please print)

Last name _____ First name _____ MI _____

Relationship to primary member _____ Employer _____

Social Security # _____ / _____ / _____ Birthdate _____ / _____ / _____ Mother's Maiden Name _____

Street address _____ City _____ State _____ Zip _____

Mailing address (only if different from above) _____

Email address _____ Home Phone () _____

Work Phone () _____ Extension # _____ Cell Phone () _____

Driver's License # _____ State _____ Issue Date _____ / _____ / _____ Expiration Date _____ / _____ / _____

Secondary ID description _____

Certification and Signatures

I (or we if joint) agree to abide by the terms and conditions of all accounts or services that I may receive at Kimberly Clark Credit Union. These terms and conditions are outlined in the Truth-In-Savings Disclosure and any Addendum(s) I have received and are in accordance with applicable state and federal laws. I also authorize Kimberly Clark Credit Union to obtain a consumer credit report to evaluate my creditworthiness, and I authorize my employer, my bank, and any other references to release and/or verify information in order to determine my eligibility for credit.

Under penalties of perjury, I certify that (1) the SSN/TIN provided on this form is correct, (2) I am not subject to backup withholding, and (3) I am a U.S. citizen or a U.S. resident alien. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Notice: It is a federal crime to willfully and deliberately provide incomplete or inaccurate information to credit unions federally insured by the National Credit Union Administration, a U.S. government agency.

Member signature _____ Date _____

Joint Member Signature _____ Date _____

Joint Member Signature _____ Date _____

For KCCU Office Union Use Only

Notes:

