



Membership Application Instructions

1. Complete Membership Account Card Application
 - a. Signature of all owners required
 - b. Signature of POD Beneficiary NOT required
2. Complete Membership Affidavit (available on our web site)
 1. Must be completed by sponsor if applicant is NOT a Coca-Cola or CCE associate, retiree or minor child of either.
3. Complete Pay on Death Beneficiary (PODB) Form (available on our website)

REQUIRED ITEMS	
<input type="checkbox"/>	Copy of Driver's License or Passport
<input type="checkbox"/>	Copy of Employee Badge (if Coca-Cola associate)
<input type="checkbox"/>	Completed Membership Affidavit
<input type="checkbox"/>	Copy of Social Security Card
<input type="checkbox"/>	Check for a minimum of \$50 for the new savings account
<input type="checkbox"/>	Completed Pay On Death Beneficiary Form
Deposit Items	
<input type="checkbox"/>	Check to deposit into the new Checking Account (no minimum amount)
Other	
<input type="checkbox"/>	User ID for E-Branch access

Delivery Options	
In Person	Deliver to a Member Service Representative at your local branch
Inter-Office Mail	Place items in a confidential envelope. Address it to Attn: CU Member Services, USA 215
Mail	The Coca-Cola Company Family Federal Credit Union PO Box 1734, USA 215, Atlanta, GA 30301

* All applications are processed after eligibility is confirmed. If required information or documents, or ID is not provided, a member service representative will contact you. Upon contact, the application and accompanying documents will be returned to you by mail, including instructions on what additional document(s) are required.

** Applications are processed no later than the next business day after the application is received. An urgent application can be processed the same day, if a loan is pending.

MEMBERSHIP ACCOUNT CARD APPLICATION

MEMBER INFORMATION (please print clearly)

LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS	CITY	STATE	ZIP
DATE OF BIRTH	MOTHER'S MAIDEN NAME (SECURITY WORD)	EMAIL ADDRESS	
DRIVER'S LICENSE NUMBER / STATE	HOME TELEPHONE	BUSINESS TELEPHONE	

ELIGIBILITY FOR MEMBERSHIP

CURRENTLY EMPLOYED BY	DIVISION/DEPT	FAMILY MEMBER OR SPONSOR	SPONSOR'S TELEPHONE
-----------------------	---------------	--------------------------	---------------------

TAXPAYER'S IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER NEW MEMBER NUMBER:

Part I. Enter your (Payee) Taxpayer Identification Number (TIN) or Social Security Number

_____ - _____ - _____

Part II. Under penalties of perjury, I certify that (1) the information on this form is true, correct and complete; and (2) I am not subject to backup income tax withholding or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

NEW MEMBER'S SIGNATURE	DATE	JOINT OWNER'S SIGNATURE	DATE
------------------------	------	-------------------------	------

JOINT OWNER INFORMATION

This account shall be: Individual Joint With Payable-On-Death (POD) Provision *(please complete separate POD Beneficiary form)*

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
STREET ADDRESS <i>(If different from member address listed above)</i>	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE	MOTHER'S MAIDEN NAME	
EMAIL ADDRESS	HOME TELEPHONE	BUSINESS TELEPHONE	
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
STREET ADDRESS <i>(If different from member address listed above)</i>	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE	MOTHER'S MAIDEN NAME	
EMAIL ADDRESS	HOME TELEPHONE	BUSINESS TELEPHONE	

ACCOUNT AUTHORIZATION TYPE

- | | |
|--|---|
| <input type="checkbox"/> Share/Savings Account* | <input type="checkbox"/> Holiday Savings Account* |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Youth Account* |
| <input type="checkbox"/> Classic Money Market Account* | <input type="checkbox"/> Trust Account (indicate type below) |
| <input type="checkbox"/> Share Certificate | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable |

Separate application required for the following:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> VISA® Check Card | <input type="checkbox"/> Member | <input type="checkbox"/> Joint |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Member | <input type="checkbox"/> Joint |

ATM CARD

I would like to apply for an ATM Card: Member Only Joint Owner

AUTOMATIC OVERDRAFT PROTECTION

I authorize you to automatically pay any overdraft(s) on my checking account(s) from my account(s) listed below: *(Please indicate 1st choice, 2nd choice, etc.)*

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Share/Savings* | <input type="checkbox"/> Premier Savings* | <input type="checkbox"/> Checking Line of Credit
<i>(requires separate application)</i> | <input type="checkbox"/> Other _____ |
|---|---|--|--------------------------------------|

E-BRANCH

Vist www.creditunion.coca-cola.com to sign up for E-Branch once your membership is established. You must have a checking account to take advantage of E-Pay and Account to Account Transfer.

DESIGNATION ON PAYABLE-ON-DEATH BENEFICIARY *(Separate form required to designate beneficiary)*

ACCOUNT AGREEMENT

I apply for membership in The Coca-Cola Company Family Federal Credit Union. Each applicant for membership certifies that they are eligible for membership in The Coca-Cola Company Family Federal Credit Union's field of membership.

I agree to abide by the bylaws as well as all applicable terms and conditions set forth in the Account Agreement, Truth-in-Savings Disclosure and the Electronic Funds Disclosure Agreement, all of which receipt is hereby acknowledged and which are incorporated by this reference.

I authorize you to verify and gather whatever credit, checking account, and employment information you consider appropriate from time to time. I understand this will assist you, for example, in determining my initial and ongoing eligibility for my Accounts and/or in connection with making future credit opportunities available to me.

This application serves as the Master Membership Account card or Supplemental card, and controls all sub accounts opened under this account number, except Individual Retirement Accounts (IRAs) and Trust Accounts, and is a continuing authorization to open any other account for me on my verbal request and deposit of funds.

NOTE: Included is my initial U.S. Dollar deposit into my Share/Savings Account in the amount of \$ _____ (\$50.00 minimum opening deposit requirement must be maintained at all times in your Share/Savings Account).

THE COCA-COLA COMPANY FAMILY FEDERAL CREDIT UNION USE ONLY

(WEB)

Eligibility for membership verified by: **Name** _____ **Date** _____

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Rate & Fee Disclosure Given | <input type="checkbox"/> Membership Account Disclosure Given | <input type="checkbox"/> Truth-In-Savings Disclosure Given | <input type="checkbox"/> Electronic Funds Disclosure Given | <input type="checkbox"/> Privacy Policy Given |
|--|--|--|--|---|

ID Verified: Member Joint Owner **ChexSystems Inquiry Done:** Member Joint Owner

Input by Manager _____ **Application received** Walk-in Mail