



EPISCOPAL *FEDERAL CREDIT UNION*

A division of the United Methodist Federal Credit Union

An important announcement to the congregation members of ST. PHILIPS IN THE HILLS.

The EPISCOPAL FEDERAL CREDIT UNION will be onsite SUNDAY, MARCH 07, 2010 for a membership drive at ST. PHILIPS. You are invited to stop by our table and learn more about the financial institution that you are eligible to join, just by attending ST.PHILIPS. We are the unique full service institution for the Episcopal Diocese of Arizona.

During this Membership Drive, ST. PHILIPS will earn \$20 for each new member that joins the Episcopal Federal Credit Union, from the credit union. Minimum to open the account is \$25.00 and \$5.00 one time membership fee, for a total of \$30.00

The EPISCOPAL FCU offers a wide variety of financial services, including savings (shares), checking, share certificates, Individual Retirement Accounts (IRA's), Money Market, VISA's , new and used auto loans, personal loans, mortgage and home equity lines of credit (HELOC). Access is convenient with our E-Branch online banking and toll free 800 telephone number.

Our corporate offices are located in Montclair, California and we also have a branch located in Phoenix, Arizona.

We have included a Membership Invitation on the reverse side of this announcement for your convenience and invite you to join the credit union that is available to you as being a part of ST.PHILIPS. Also, be sure to include a copy of your current driver's license (or other legal identification). This is an excellent opportunity for you to help earn additional funds for your church as well.

Once again, we look forward to seeing you on SUNDAY, MARCH 07, 2010.

Should you have any questions regarding this invitation, please give me a call at (800) 245-0433 ext.216 or (602) 277-5325

Ben Sarracino, Arizona Business Development Officer, UMFCU/EFCU.

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5405 E. Arrow Highway, Suite 104 1550 E. Meadowbrook Avenue, Suite B
Montclair, California 91763-1664 Phoenix, AZ 85014
(909) 946-4096 (800) 245-0433 (602) 277-5325

Membership Invitation

Account Number _____

Important Information About Procedures for Opening a New Account

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. What this means for Me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may ask to see my driver's license or other identifying documents.

ELIGIBILITY

I'm eligible to join the Episcopal Federal Credit Union because I am (please check one): subject to verification

[] Clergy / Staff of _____
(Eligible Church Organization)

[] Relative of _____
(Who is already a member of EFCU)

[] _____ of _____
(Eligible Position) (Eligible Organization)

[] Member of _____
(Name of Church)

MEMBER INFORMATION Please complete entire form, check boxes for services requested and sign at bottom.

Primary Owner Name

Home Street Address City State Zip

Previous Address City State Zip

Date of Birth Social Security No. Drivers License No.

Mother's Maiden Name Home Phone No. E-mail Address

Employer Work Phone

Joint Owner Name

Home Street Address City State Zip

Previous Address City State Zip

Date of Birth Social Security No. Drivers License No.

Mother's Maiden Name Home Phone No. E-mail Address

Employer Work Phone

Pay-On-Death: In the event of my death, or if there is more than one owner of this account, the death of all the owners, I/we hereby designate as my/our Pay-On-Death payee to receive all sums in my/our account established on this form:

Name of Pay-On-Death Payee Phone No. Address

Name of Pay-On-Death Payee Phone No. Address

CHOOSE SERVICE AND INDICATE INITIAL DEPOSIT (Contact the Credit Union concerning Certificate and IRA Accounts)

[X] Deposit To Regular Share Savings.....\$ _____

(\$25 minimum deposit plus \$5 Membership Fee - Total \$30 minimum)

[] Share Draft (see reverse for individual programs) (\$25 minimum deposit)\$ _____

(Requires \$30 minimum deposit in Share Savings Account)

[] Value Checking [] Premium Checking [] Golden Checking

[] ATM [] Card Additional Card for Joint Owner [] Debit Card [] Additional Card for Joint Owner

OVERDRAFT OPTIONS For [] Checking Account [] Debit Card (Must have Checking Account for a Debit Card)

Overdrafts can be covered in two different ways or combinations thereof. They are: 1) A transfer from my savings account, with not more than three transfers in any calendar month, or 2) An advance from my Line of Credit, upon approval of credit and subject to terms and conditions of that account, up to my credit limit. A separate loan application is required for the line of option (check only one box).

[] Savings Only [] Line of Credit [] No Overdraft

SOCIAL SECURITY NO. / TAXPAYER I.D My Taxpayer Identification Number is (Social Security Number) _____

Under penalties of perjury, I certify that (1) The number is shown on this form is my correct taxpayer identification number; (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 backup withholdings are 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. person (including a U.S. resident alien).

Instruction: Cross out item 2 above if I have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

ACKNOWLEDGEMENT & SIGNATURE I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of Episcopal Federal Credit Union, a division of the United Methodist Federal Credit Union. I acknowledge receipt of the Account Agreement, Disclosure for Electronic Services, Truth-in-Savings, and the Fee Schedule and agree to be bound by their terms. My signature below and us of the account will confirm my agreement to be bound and my acceptance of the Agreement on the reverse.

Note: The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Primary Owner Signature Date

X _____
Joint Owner Signature Date