



MEMBERSHIP APPLICATION

To apply online, visit www.creativeartscu.com



1. MEMBER INFORMATION

Mr. Ms. Mrs. Miss UNION AFFILIATION*: _____

First Name* _____ Middle Name _____ Last Name*

Address* _____ City/Town* _____ Province* _____ Postal Code*

Telephone: Daytime (with area code) _____ Evening* (with area code) _____ Cell _____ eMail _____

Employer* _____ Occupation** _____ Birthdate (MM/DD/YYYY)*** _____ Social Insurance Number****

2. JOINT MEMBER INFORMATION

Mr. Ms. Mrs. Miss

First Name* _____ Middle Name _____ Last Name*

Address* _____ City/Town* _____ Province* _____ Postal Code*

Telephone: Daytime (with area code) _____ Evening* (with area code) _____ Cell _____ eMail _____

Employer* _____ Occupation** _____ Birthdate (MM/DD/YYYY)*** _____ Social Insurance Number****

3. THIRD PARTY ACCOUNT DETAILS

In compliance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada), will any third party, that being someone other than the named applicant(s)/members(s), have full or partial control over decisions regarding the activities or transactions of any accounts under this membership?*

Yes No If YES, please complete the information below:

(Third Party): First Name* _____ Middle Name _____ Last Name*

Address* _____ City/Town* _____ Province* _____ Postal Code*

If Corporation: Incorporation Number & Jurisdiction* _____ Occupation** _____ Principal Business** _____

Nature of Relationship between Applicant(s) / Member(s) and Third Party*

4. SECURITY

To maintain the security of your account, we need to be able to confirm your identify when you phone us. Please provide a security question we can ask you when you call, and the answer we can expect from you. We will not release account information to anyone who cannot provide the correct response.

Question _____

Response _____

PLEASE NOTE THAT ON THIS APPLICATION: * Indicates required information; **Anti-money laundering legislation requires us to obtain your occupational information; ***For your protection, we require this information for future security verification, ****Canada Revenue Agency requires us to include your SIN on tax receipts.

5. OPENING YOUR ACCOUNT

- I/We understand a minimum deposit of \$25 must be made to open the initial account. (\$50 for joint accounts).
- I/We have enclosed a personalized cheque drawn on a Canadian financial institution. If the account is to be joint, both holders must sign the personalized cheque or each send a personalized cheque from your individual accounts.
I/We understand that I/we will be enrolled automatically for Member Direct
- Internet banking and automated telephone banking to enable electronic access to my/our account(s).
I/We have completed both sides of this form and signed it to become a
- Creative Arts Savings & Credit Union member.

INTENDED USE

Anti-money laundering legislation requires us to ask the Intended Use of each account opened, other than RSP accounts. Please indicate the Intended Use of the initial account opened in the space below:

6. PRODUCT/SERVICE INTEREST

(Please check all products/services you may be interested in using at Creative Arts Savings)

- Chequing Account Investment Savings Mortgage
- Personal Loan/Line of Credit Credit Card Insurance Products
- RRSP/RRIF/RESP/TFSA Investment Shares
- Financial Planning Services Other _____

7. PREFERRED METHOD OF CONTACT

Upon receipt of your application, we will contact you to discuss your product interests, fulfill the regulatory identification requirements, and provide your membership number, a debit card and PIN, and a private access code for Internet banking.

PREFERRED METHOD OF CONTACT

- E-mail Home Phone Cell Phone Work Phone
- If you prefer to be contacted by phone, what is the best time for us to call you?
- Doesn't Matter Morning Afternoon Evening/Weekend Only

8. ORDERING CHEQUES

Please order personalized cheques starting with cheque number _____

- Use the address listed on the front of this form, or
- Use this address instead

- Use this phone number _____ - _____ - _____ on my cheques
- I prefer not to include a phone number
- I/we do not require cheques

9. HOW DID YOU HEAR ABOUT CREATIVE ARTS SAVINGS & CREDIT UNION?

Please check all that apply:

- Newspaper Magazine Internet eMail
- Industry referral Workplace ad Personal friend/family
- Other (please indicate below):



CREATIVE ARTS SAVINGS & CREDIT UNION

625 Church Street, 2nd Floor, Toronto, ON M4Y 2G1
t : 416.642.6749 • f : 416.640.3517
info@creativeartscu.com • www.creativeartscu.com

10. PRE-AUTHORIZED DEPOSITS (OPTIONAL)

Please arrange regular transfers into my new Creative Arts Savings & Credit Union account (as indicated below). I understand amounts must be \$25 or greater. I agree to attach a personalized cheque marked "void" to designate the source of funds.

Chequing Investment Savings TFSA RRSP

Name of Financial Institution

Address of Financial Institution

Account Number to transfer from

Effective date (MM/DD/YYYY)

Amount of transfer

How often? (check below, or other):

Weekly Bi-Weekly Monthly

Please note that it can take up to two weeks before transfers begin.

11. PRIVACY AGREEMENT

- I/We apply for membership in Creative Arts Savings & Credit Union.
- I/We have read and agree to the terms and conditions outlined in the Membership Agreement and the Privacy Code.
- I/We acknowledge that the Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada) requires Creative Arts Savings & Credit Union to verify my/our identity through a personal cheque and obtaining a report through a credit agency. Under the same Act, I (we) hereby acknowledge I am not (we are not) a "Politically Exposed Foreign Person." (Visit our website at <http://www.creativeartscu.com/index.cfm?page=PEFP> for a definition).
- I/We acknowledge that the Credit Union may collect my/our personal information for the purpose of offering me/us the financial services currently available through Creative Arts Savings & Credit Union, and other financial services that may be added in the future. I/We understand that collection, use and disclosure of my/our personal information by Creative Arts Savings & Credit Union may involve credit union system partners and service providers, credit reporting agencies, other financial institutions or references I/we have provided to you for the purpose of providing financial services to me/us.
- A consumer report containing credit information may be referred to in connection with the credit hereby applied for, or any renewal or extension thereof. The undersigned hereby consents to the obtaining of such personal or credit information as the Credit Union may require at any time in connection with the credit hereby applied for, or any renewal or extension thereof. I/We further consent to the disclosure of any information concerning the undersigned to any credit reporting agency, other credit grantors or credit union system partners and service providers whose functions involve assessment of credit worthiness, credit applications, monitoring and processing of payments.
- I/We agree that Creative Arts Savings & Credit Union may use or disclose my/our personal information for the purposes identified in the Credit Union's Privacy Code. I/We am aware that I/we have the right to opt out of any disclosure of personal information except for communication required by law and marketing included with my account statements. I/We understand that by withdrawing my/our consent, Creative Arts Savings & Credit Union will not be able to offer certain promotions to me/us in the future. If I/we choose to limit the use or disclosure of my/our personal information, I/we will call Creative Arts Savings & Credit Union at 416-642-6749.

Member Signature

Print Name

Date (MM/DD/YYYY)

Joint Member Signature

Print Name

Date (MM/DD/YYYY)