

## Kids Club Benefits

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- **Quarterly Newsletters** - you will receive four fun-filled newsletters a year that will show you the value of saving your money.
- **Savings Incentives** - each time your account reaches certain savings levels, you will earn tokens which can be redeemed for cool prizes.
- **Special Opening Gifts** - upon opening your account, you will receive a free gift. Higher opening balances earn more free gifts.
- **Savings Stickers** - get a cool sticker just for stopping by any HiFi CU location.
- **Birthday Surprise** - all Kids Club members receive a special gift for their birthdays.



*Yoko and Kalea, our adorable HiFi CU mascots, show keiki how saving can be a fun and exciting adventure! GRAB SOME CRAYONS AND COLOR THEM IN!*

## Application Instructions

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When mailing, return the finished application with the following:

- 1) Copy of keiki's Social Security card.
- 2) A copy of 1 valid picture ID per guardian/parent on the account. (eg: Driver's license, State ID, Passport, Military ID).
- 3) At least \$25.00\* is needed to open account.

If you have any questions, please call **New Accounts** at **808-832-8700**. Please mail the application to:

**Attn: New Accounts  
Hawaiian Financial FCU  
1138 North King Street  
Honolulu, HI 96817  
OR**

**Apply online at [www.hificu.com](http://www.hificu.com)**

\*Refer to our Rate & Fee Schedule for minimum balance requirements.

**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 you: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents. Please keep in mind that we will secure this information in accordance with HiFi CU Privacy Statement.

### Primary Field of Membership

The Field of Membership shall be limited to those having the following common bond:

- 1) Persons who live, work in, or go to school in and business and other legal entities located on the Island of Oahu, Hawaii;
- 2) Others living in the same household under the same roof;
- 3) Members of their immediate families, including foster & adopted children;
- 4) Organizations of such persons.

Account# \_\_\_\_\_

# KIDS Club Account Application

Deposit Amount: \_\_\_\_\_

CHILD ENROLLMENT INFO

**Please read the application instructions on the reverse side before filling out the application.**

Name (N1) \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home # \_\_\_\_\_

Email: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Eligibility for Membership \_\_\_\_\_

TIN CERTIFICATION

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), 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. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7), and  
(4) The FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct.

Certification Instructions. 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

I/we hereby make application for membership in and agree to conform to the Bylaws, as amended, of Hawaiian Financial Federal Credit Union (the "Credit Union"). I/we certify that: I/we am/are within the field of membership of this Credit Union; the information provided on this application is true and correct; and my signature on this card applies to all accounts under my/our name at this Credit Union. I/we also agree to be bound to the terms and conditions of any account that I/we have in the Credit Union now or in the future.

N1 \_\_\_\_\_  
Child Signature Date

N2 \_\_\_\_\_  
Guardian/Parent Signature Date

N3 \_\_\_\_\_  
Guardian/Parent Signature Date

ACCOUNT DESIGNATION

Payable Upon Death (POD)/Trustee Account  
Beneficiary \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

GUARDIAN / PARENT ACCOUNT OWNERSHIP

Name (N2) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home# \_\_\_\_\_ Work# \_\_\_\_\_  
Soc. Sec.# \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Eligibility for Membership \_\_\_\_\_

Name (N3) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home# \_\_\_\_\_ Work# \_\_\_\_\_  
Soc. Sec.# \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Eligibility for Membership \_\_\_\_\_

### For Credit Union Use Only

Date of Membership \_\_\_\_\_ Br \_\_\_\_\_ New \_\_\_\_\_  
Opened/App'd by \_\_\_\_\_ Check Verify \_\_\_\_\_  
Membership Officer \_\_\_\_\_



