

**MEMBERSHIP/ACCOUNT APPLICATION****ACCOUNT #:** \_\_\_\_\_

The undersigned hereby applies for credit union membership based on one of the following:

- Live or regularly work in the following city, community or county: \_\_\_\_\_
- Family Member, Spouse or Registered Domestic Partner of a Credit Union Member: \_\_\_\_\_
- Employer/Organization/Occupation: \_\_\_\_\_

**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 for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

The Credit Union may retain this application and any other information you receive about me. **Consent to Obtain Consumer Report:** The Credit Union is authorized to periodically verify financial information, data, and employment history by any necessary means, including by periodically obtaining a consumer report from any consumer-reporting agency. This will assist the Credit Union in, for example, determining your initial and ongoing eligibility for an account and/or in connections with making future credit opportunities available to you. The Credit Union may give information concerning its experience with you to others. You will comply with the Credit Union's bylaws and all other terms and conditions applicable to members of the Credit Union, including any disclosure of account information and/or fee schedule. You have received or will receive such terms and conditions and understand that they are incorporated into this application. This application will be disregarded if you are already a member in the Credit Union. The Credit Union is authorized to recognize the signature subscribed below in the payment of funds or the transaction of any business for this account. You waive the confidentiality of your residence address as provided under Section 1808.21 of the Vehicle Code and authorize the Department of Motor Vehicles to furnish your current address to the Credit Union. You agree that representatives of the Credit Union or its agents may call or send text messages to you at any telephone number that you provide or that representatives of the Credit Union or its agents obtain from other sources, now or later. This authorization includes calls and text messages made to cell phones and wireless devices using an automated dialing system or prerecorded message.

**MEMBER INFORMATION**

|                                  |   |                              |        |
|----------------------------------|---|------------------------------|--------|
| Name:                            |   | Email:                       |        |
| Date of Birth:                   | SSN:  | Home Phone:                  |        |
| Mailing address:                 |   |                              |        |
| City:                            | State:  | ZIP Code:                    |        |
| Physical Address (if different): |   |                              |        |
| Employer:                        |   | Occupation:                  |        |
| Work Phone:                      |   | <b>Mother's Maiden Name:</b> |        |
| Driver's License #:              | Expiration Date:                              | Issue Date:                  | State: |
| Credit Union:                    | Enclosed Minimum Share Deposit (Required): \$ |                              |        |

**JOINT OWNER INFORMATION FOR JOINT ACCOUNT**

Note: A joint account is owned by the named parties, with rights of survivorship. All owners of the account have equal and undivided ownership of funds (excluding IRA funds). Pay on Death payees (Beneficiaries) means a person designated on an account as one to whom the account is payable on request after the death of one of more of the named parties.

|                     |                  |                              |        |
|---------------------|------------------|------------------------------|--------|
| Name:               |                  | Email:                       |        |
| Date of Birth:      | SSN:             | Home Phone:                  |        |
| Current address:    |                  |                              |        |
| City:               | State:           | ZIP Code:                    |        |
| Employer:           |                  | Occupation:                  |        |
| Work Phone:         |                  | <b>Mother's Maiden Name:</b> |        |
| Driver's License #: | Expiration Date: | Issue Date:                  | State: |

**W-9 CERTIFICATION:** Under penalty of perjury, I certify that: (1) The above number shown on this form is my correct taxpayer identification number, 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. Person (including a U.S. resident alien). If you have been notified by the IRS that you are subject to backup withholding, cross out (2) above.

**The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.**

**TERMS AND CONDITIONS**

I/We agree that the shares purchased for this account structure shall be held individually, in joint tenancy, or as trustee and co-trustee with the person or persons named on this account, if any (excluding IRA funds). IRA owners understand that periodic IRA statements will be combined with the periodic statement for all other accounts opened pursuant to this application and that information about the IRA will therefore be disclosed to all of the persons named on this account. If you wish to have the IRA statement provide exclusively to the IRA owner, you must establish a separate IRA account. I/We understand that this application may also be used to obtain a credit union ATM/Check Card, as well as Online Bill Payment access. I/We will read and accept all terms and conditions or notify the credit union to close this account. I/We will receive a copy of the credit union's Disclosure of Account information and Fee Schedule by mail once the account is opened.

**I/We certify under penalty of perjury that the foregoing information is true and correct.**

**Member Signature:****Date:****Joint Owner Signature:****Date:**