

**INSTRUCTIONS:**

- 1) Complete all areas of the front of the buff colored card.
- 2) Make sure you sign all the areas marked with an "X" (if appropriate).
- 3) Detach the white "member copy" and keep it for your records.
- 4) Return the completed buff colored card to the Credit Union.

ACCT. NO. \_\_\_\_\_ MEMBER NAME \_\_\_\_\_ DATE \_\_\_\_\_

**MEMBERSHIP & ACCOUNT APPLICATION**

NEW MEMBER     INDIVIDUAL ACCOUNT     JOINT ACCOUNT     ADD     CHANGE  
 SHARES     SHARE DRAFT     \_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN AND AGREE TO CONFORM TO THE BY-LAWS (AS AMENDED)

OF THE \_\_\_\_\_ CREDIT UNION.

**ACKNOWLEDGEMENT OF RECEIPT OF TRUTH-IN-SAVINGS DISCLOSURE**

By signing below, I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure ("Disclosure") and that I have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in this Membership & Account Application and any amendments thereto ("Application") are by this reference incorporated in their entirety into the Disclosure. I agree to be bound by the terms and conditions of the Disclosure and Application. I understand that the Credit Union may verify all information I have given on the Application.

**X** \_\_\_\_\_  
MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**X** \_\_\_\_\_  
JOINT OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MEMBER INFORMATION**

MEMBER NAME (PLEASE PRINT) \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

CA DRIVER LIC. # \_\_\_\_\_ EMPLOYER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

**JOINT OWNER INFORMATION**

JOINT OWNER'S NAME (PLEASE PRINT) \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

CA DRIVER LIC. # \_\_\_\_\_ EMPLOYER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

**DESIGNATION OF BENEFICIARY (PAY-ON-DEATH PAYEE)****SHARES BENEFICIARY (member)**

In the event of my death and all other joint owners predecease me, I hereby designate the person whose name appears below as my beneficiary to receive any and all amounts in this account.

NAME OF BENEFICIARY	ADDRESS

MEMBER SIGNATURE **X** \_\_\_\_\_

**SHARES BENEFICIARY (joint owner)**

In the event of my death and all other joint owners predecease me, I hereby designate the person whose name appears below as my beneficiary to receive any and all amounts in this account.

NAME OF BENEFICIARY	ADDRESS

JOINT OWNER SIGNATURE **X** \_\_\_\_\_

**OVERDRAFT PROTECTION**     YES     NO

Share Draft Account overdrafts will be covered by a transfer from:

Share Account # \_\_\_\_\_ Share Account # \_\_\_\_\_ Loan # \_\_\_\_\_

**TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING**

**CERTIFICATION** (See reverse side of this form for instructions): By signing below, I certify under penalties of perjury that (1) the Social Security Number or Employer Identification Number above is my correct taxpayer identification number, and (2) I am NOT, unless noted below, subject to backup withholding because (a) I am exempt, or (b) I have not been notified 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.

I am subject to backup withholding.  
(Cross out Item 2)

I am not a U.S. citizen or resident  
(Complete an IRS W-8 form)

MEMBER SIGNATURE **X** \_\_\_\_\_

- FOR CREDIT UNION USE ONLY -

This Application for Membership Approved By:

Date \_\_\_\_\_ Signature: \_\_\_\_\_

## TAXPAYER IDENTIFICATION NUMBER (TIN) AND BACKUP WITHHOLDING SPECIFIC INSTRUCTIONS

**Name** - If you are an individual, you must generally provide the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, please enter your first name, the last name shown on your social security card, and your new last name.

If you are a sole proprietor, you must furnish your **individual name** and either your Social Security Number (SSN) or Employer Identification Number (EIN). You may also enter your business name or "doing business as" name on the business name line. Enter your name(s) as shown on your social security card and/or as it was used to apply for your EIN on Form SS-4.

### Signing the Certification:

- 1) **Interest, Dividend, and Barter Exchange Accounts Opened Before 1984 and Broker Accounts Considered Active During 1983.** You are required to furnish your correct TIN, but you are not required to sign the certification.
- 2) **Interest, Dividend, Broker, and Barter Exchange Accounts Opened After 1983 and Broker Accounts Considered Inactive During 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing this form.
- 3) **Real Estate Transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4) **Other Payments.** You are required to furnish your correct TIN, but you are not required to sign the certification unless you have been notified of an incorrect TIN. Other payments include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services, payments to a nonemployee for services (including attorney and accounting fees), and payments to certain fishing boat crew members.
- 5) **Mortgage Interest Paid by You, Acquisition or Abandonment of Secured Property, Cancellation of a Dept, or IRA Contributions.** You are required to furnish your correct TIN, but you are not required to sign the certification.

**Exempt Payees and Payments.** If you are exempt from backup withholding, you should complete the Certification on the reverse side to avoid possible erroneous backup withholding. If you are a nonresident alien or foreign entity not subject to backup withholding, give the requester a completed **Form W-8, Certificate of Foreign Status**.

**How To Obtain a TIN** - If you do not have a TIN, apply for one immediately. To apply, get **Form SS-5, Application for a Social Security Card** (for individuals), from your local office of the Social Security Administration, or **Form SS-4, Application for Employer Identification Number** (for businesses and all other entities), from your local IRS office. To complete the Certification on the reverse side if you do not have a TIN, write "Applied for" in the space for the TIN, sign and date the Certification on the reverse side, and give it to the requester. Generally, you will then have 60 days to obtain a TIN and furnish it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN to the requester. **Note: Writing "Applied for" on the form means that you have already applied for a TIN OR that you intend to apply for one in the near future. As soon as you receive your TIN, complete another W-9 form, include your TIN, sign and date the form, and give it to the requester.**

**Signature** - For a joint account, only the person whose TIN is shown should sign.

**Privacy Act Notice** - Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of a debt, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account (#1)
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor (#2)
4. (a) The usual revocable savings trust (grantor is also trustee)	The grantor-trustee (#1)
(b) So-called trust account that is not a legal or valid trust under state law.	The actual owner (#1)
5. Sole proprietorship	The owner (#1)
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner (#3)
7. A valid trust, estate, or pension trust	Legal entity (#4)
8. Corporate	The corporation
9. Association, club, religious, charitable, education, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

(#1) List first and circle the name of the person whose number you furnish.

(#2) Circle the minor's name and furnish the minor's SSN.

(#3) Show your individual name. You may also enter your business name. You may use your SSN or EIN.

(#4) List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when there is more than one name, the number will be considered to be that of the first name listed.