

MEMBERSHIP APPLICATION

Applicants must meet Field of Membership requirements, maintain a minimum balance of \$5.00 in a Regular Savings Account (buying one share in the Credit Union), and complete and return this application. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, in the fight against terrorism and money laundering. To comply, applicants will need to show us their driver's license and social security card. This application can be returned to any PCCU location, or be mailed using the address provided. If mailed, the required \$5.00 minimum balance must be by check or money order, and make sure to tape the application shut along all open sides (DO NOT STAPLE). Please do not send cash through the mail.

Primary Owner Name (please print) _____ **Date of Birth** _____
Address / City / State / ZIP _____
Phone Number(s) _____ **Mother's Maiden Name** _____
Type of ID used to verify identity _____
Driver's License / ID# _____ **Social Security Number / TIN*** _____
Email Address _____
Employer / Work Phone Number _____
Eligibility based on** _____

*Taxpayer Identification Number

Joint Owner Name (please print) _____ **Date of Birth** _____
Address / City / State / ZIP _____
Phone Number(s) _____ **Mother's Maiden Name** _____
Type of ID used to verify identity _____
Driver's License / ID# _____ **Social Security Number / TIN*** _____
Email Address _____
Employer / Work Phone Number _____
Eligibility based on _____

**If family relationship, specify type of relationship and name of family member.

Beneficiary Information and Provisions

Upon the death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) listed below who are alive at the time. In addition, each such beneficiary shall have the power to withdraw only his or her equal share of the remaining account balance together with any accumulations on such amount. The multiple name account agreement shall not apply to beneficiaries. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement. Joint members cannot be named as beneficiaries.

Beneficiary Name _____ Relationship _____ Social Security Number _____ Date of Birth _____

Under penalties of perjury, I certify that: (1) The 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 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).

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 you tax return. Cross out Item 3 and complete a W-8 BEN if you are not a U.S. person.

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 amendments the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosure 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. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Primary Owner _____ Date _____

Signature of Joint Owner _____ Date _____

Please send me more information to the address noted above regarding the services I have checked below:

- | | | | | |
|--|--|---|--|-------------------------------|
| <input type="checkbox"/> Checking Accounts | <input type="checkbox"/> VISA® Credit Cards | <input type="checkbox"/> ATM Debit Card | <input type="checkbox"/> Super Saver Accounts | <input type="checkbox"/> IRAs |
| <input type="checkbox"/> Loans | <input type="checkbox"/> DAISY phone banking | <input type="checkbox"/> ATM Card | <input type="checkbox"/> Online Banking & Bill Pay | <input type="checkbox"/> CDs |

Credit Union Use Only

Reviewed by _____ Date _____ Disclosure _____ Membership Officer _____ Date _____