

Indicate if this is a: Trust Fiduciary Power of Attorney

Member # _____

Primary Applicant

Mr. Ms. Mrs.

First Name _____ Middle Initial _____ Last Name _____
 - - / /

Social Security Number _____ Date of Birth _____ Mother's Maiden Name _____

ID # _____ State _____ Expiration Date _____
 Driver License Passport Military State ID Other

() - () -
 Home Phone _____ Work Phone _____
 () - () -
 Cell _____ Other _____

Current Physical Address _____
 City _____ State _____ Zip _____

Previous Address (if current is less than 5 years)
 City _____ State _____ Zip _____

Mailing Address (If different than physical address)
 City _____ State _____ Zip _____

Current Employer _____ Occupation _____

Email Address _____

I am eligible to join Patelco Credit Union in one of the following ways:

- Employee or Member of _____, which is an eligible organization. Live, Work, or Worship in a Patelco Community Charter
- Family or Household Member – Your Relationship: _____ Other: _____

Choose Your Deposit Accounts: Please include a check for the total amount of your opening deposits.

A Patelco membership requires a depository account. At a minimum we will open a Share Savings account for you with an initial \$1 balance. Please consult the Member Handbook for account details and fees.

Savings	Min. Opening Deposit
<input checked="" type="checkbox"/> Primary Regular Share Savings (required)	\$1
<input type="checkbox"/> Second Regular Share Savings	\$1
<input type="checkbox"/> Money Market Select	\$0
<input type="checkbox"/> Holiday Club	\$20

Checking	Min. Opening Deposit
<input type="checkbox"/> Free Checking	\$10
<input type="checkbox"/> Interest Checking	\$10*
<input type="checkbox"/> Premier Interest Checking	\$5,000
With my Checking Account, I would like:	
<input type="checkbox"/> Debit Card <input type="checkbox"/> Debit Card Purchase Protection	
<input type="checkbox"/> A box of checks (charges may apply)	
<input type="checkbox"/> Overdraft Protection from my:	
<input type="checkbox"/> Savings <input type="checkbox"/> Credit Card <input type="checkbox"/> Credit Line	
<small>Fees may apply for non-savings overdraft protection usage.</small>	

I am interested in information about:

- Auto Loans
 Home Loans
 Credit Cards
 Debt Consolidation

Certificates	Min. Deposit	Some accounts available to be opened as IRAs. Additional forms required.
<input type="checkbox"/> Regular Certificate	\$1,000 min	*Minimum opening deposit is \$500.00 unless account is opened with direct deposit
Choose Certificate Term _____ (3 to 60 months)		

Designation of Beneficiary

Designation of Beneficiary (Additional Beneficiaries may be designated upon request)

In the event of my/our death, I/we authorize Patelco Credit Union to pay the balance of this membership to:

Name & Address of Individual (or of Trust & Trustee)

Date of Birth (mm/dd/yyyy)

Relationship

SSN

% of shared assets

Name & Address of Individual (or of Trust & Trustee)

Date of Birth (mm/dd/yyyy)

Relationship

SSN

% of shared assets

Proxy Card (Optional)

I appoint the Board of Directors of Patelco Credit Union to appoint a proxy to represent me at all meetings of the members of this Credit Union. The proxy will vote for me on all questions and elections coming before said meeting, to give consent and in other ways act in my place and stead. The proxy shall remain in force for three (3) years from today, unless revoked by me in writing or revoked by subsequent proxy. This proxy will be withdrawn from any meeting which I attend and vote at in person. Yes, I want to give Patelco my Proxy.

Withholding Certification

Under penalty and perjury, I certify that: (1) the Tax Identification/Social Security Number shown on this form is correct; 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 (complete a W-8 BEN if you are not a U.S. person). You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I am subject to backup withholding I am NOT a United States citizen or Exempt U.S. person

USA Patriot Act Notice

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.

Signature and Agreements

By signing this Application, I certify that all services established at Patelco Credit Union ("Patelco") under this membership will be for personal, family, or household purposes and that all information I have provided is accurate and complete. I give Patelco continuing authorization to open accounts for me upon my oral or written request and deposit of funds. I authorize Patelco to review my account and credit history with consumer reporting agencies to determine my eligibility for membership and services I request. I agree that membership and accounts at Patelco will be governed by the Patelco Member Handbook, Truth in Savings Disclosure, and Fee Schedule as amended from time to time, and I agree to be bound by these terms. I understand these documents will be delivered to me, and if I object to any of the terms, I may cancel my membership without further obligation. IF I BECOME INDEBTED TO PATELCO FOR ANY REASON AND DO NOT PAY WHAT I OWE CONSISTENT WITH MY AGREEMENTS WITH PATELCO, I GIVE PATELCO PERMISSION, UNLESS PROHIBITED BY LAW OR THE ACCOUNT AGREEMENT, TO TAKE ANY FUNDS VOLUNTARILY DEPOSITED TO ACCOUNTS I MAINTAIN AT PATELCO TO RECOVER ALL OR PART OF MY DELINQUENT OBLIGATION WITHOUT NOTICE TO ME AND WITHOUT WAIVING OTHER RIGHTS TO COLLECT WHAT I OWE.

Primary Applicant Signature

Date

Joint Applicant Signature

Date

FOR CREDIT UNION USE ONLY (Please date and initial)

Date of Membership _____ Opened by (Teller ID#) _____ Branch _____

Account Suffixes Opened _____ Reviewed by (Teller ID#) _____ Indemnity Agreement (if applicable)

Debit Card Paid NSF Form _____ OFAC Verified _____ W8 BEN Form (if applicable) _____

Proxy Recorded _____ Trust Cert (if applicable) _____ Beneficiary Added _____