

Universal Signature Card



Account # _____

PLEASE PRINT

Primary Member Mr. Ms. Mrs.

Last Name First Name Middle

Address (City, State, Zip)

- -

Social Security Number Mother's Maiden Name

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Home Phone Cell Phone Date of Birth

Email Address

Occupation Work Phone

Driver's License # State Expiration

Associate Member Mr. Ms. Mrs.

Last Name First Name Middle

Address (City, State, Zip) same as Primary Member

- -

Social Security Number Mother's Maiden Name

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Home Phone Cell Phone Date of Birth

Email Address

Occupation Work Phone

Driver's License # State Expiration

New Account **Change Existing Account** **Add Associate** ATM Card Debit Card

Account Suffixes _____

Checking Savings Money Market CD

Name Change

Current	Change	Type of Legal Document
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By signing below, I/we authorize Patelco Credit Union to check my credit history including the verification of the information on this request. Copies of my paystub may be required. I/we understand that Patelco may contact me for further information, and that this application must be completed fully for Patelco to process my request. Patelco may obtain information from others about me and give credit information to others.

I/we agree that Patelco may elect not to extend account services based on information obtained in its review. I/we may be required to provide a paystub copy or other documentation as needed by the Credit Union. I/we understand that Patelco may contact me for further information, and that this application must be completed fully for Patelco to process my request. You may obtain information from others about me and give credit information to others.

I/we certify under penalty of perjury that the Social Security Number given to the Credit Union on this application is correct. I/we have never received a notice from the Internal Revenue Service of under-reporting of dividends or interest. I/we am/are not now obligated to have dividends or interest withheld. By signing this form, I/we have read and agree to the terms and conditions of Patelco's Universal Account Disclosure and Fee Schedule contained in Patelco's Member Handbook: Account Disclosures, Fee Schedule and Privacy Policy, as amended from time to time, plus any supplemental documents I/we receive.

Proxy Card (Optional)

I hereby irrevocably appoint your Board of Directors by majority vote to appoint a proxy as my attorney in fact and to represent me at all meeting of the members of this Credit Union, to vote for me in my name on all questions and elections coming before said meetings, to give consents and in all other ways to act for me at said meetings. The proxy shall remain in full force for three (3) years from the date set forth below, unless revoked by me in a subsequent proxy, or otherwise in writing and I RESERVE THE RIGHT TO WITHDRAW THIS PROXY FROM ANY MEETING I ATTEND AND VOTE AT IN PERSON. I hereby authorize my proxy to vote for me in my name on all matters, including for the election of directors and members of any elected committee(s) of the Credit Union to serve for a term of three (3) years and until their respective successors shall be elected and shall qualify, and to vote on the adoption of the Amendments to the Bylaws of the Credit Union, except as otherwise prohibited under applicable law.

I revoke my proxy.

THIS PROXY WILL BE VOTED AS YOU HAVE INDICATED ABOVE. IF NO INDICATION HAS BEEN MADE, THIS PROXY WILL BE VOTED AS THE PROXY HOLDER DEEMS ADVISABLE.

Please refer to the separate applicable product brochures and the Universal Account Disclosures for additional information and requirements concerning these products. Checking Accounts and ATM Cards are subject to approval.

Primary Member Signature	Date	Signature of Associate Member	Date	MSR Initials
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If all associate members are not present in the branch, the associate members must be verified through Idology or the notary form on page 2 must be notarized.

Associate members have been verified through Idology. MSR Initials _____

Member will have associates' signatures notarized on page 2. Application to pending file.

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Notary Form

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Notary Signature _____