



## MEMBERSHIP APPLICATION

### APPLICATION PURPOSE

☐ New Member ☐ Add Service ☐ Change ☐ Add Joint Owner

### MEMBER INFORMATION

|                          |            |                   |                 |
|--------------------------|------------|-------------------|-----------------|
| <b>Member/Owner Name</b> |            | <b>Member No.</b> |                 |
| Street                   |            |                   |                 |
| City/State/Zip           |            | SSN/TIN           | DOB             |
| Home Phone               | Cell Phone | Type of ID        | Expiration Date |
| Work Phone               |            | ID No.            | State of Issue  |
| E-mail                   |            | Password          |                 |
| Membership Eligibility   |            | Employer          |                 |

### ACCOUNT TYPE

Be sure to include at least \$5.00 for your required opening minimum balance.

|   |   |   |                                |
|---|---|---|--------------------------------|
| <input type="checkbox"/> Share/Savings        | <input type="checkbox"/> Share Investment | <input type="checkbox"/> Visa®            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Share Draft/Checking | <input type="checkbox"/> Vacation         | <input type="checkbox"/> Christmas Club   |                                |
| <input type="checkbox"/> Grow Green           | <input type="checkbox"/> IRA              | <input type="checkbox"/> Secondary Shares |                                |

### SERVICES FOR ACCOUNT

|   |   |
|---|---|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit                   | <input type="checkbox"/> ATM Card         |
| <input type="checkbox"/> Overdraft Protection (indicate transfer priority): | <input type="checkbox"/> Visa® Debit Card |
| <input type="checkbox"/> PC access/Internet banking                         | <input type="checkbox"/> e-Statements     |
| <input type="checkbox"/> Phone Teller                                       | <input type="checkbox"/> Other:           |

### ACCOUNT OWNERSHIP

\*For Joint or Payable on Death memberships ONLY, the other Owner shown (joint owner) is classified as Joint Owner with Survivorship. This means that on the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

|  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Individual</b> - owned by one person | <input type="checkbox"/> <b>Joint*</b> - joint account with survivorship | <input type="checkbox"/> <b>Payable on Death (POD)*</b> - allows member to designate beneficiaries. Upon the death of all Trustees, available shares will be split equally among all surviving beneficiaries, except for IRAs with a separate beneficiary designation. |
|--|--|--|

### JOINT OWNER INFORMATION

|                    |            |                 |
|--------------------|------------|-----------------|
| <b>Joint Owner</b> | SSN/TIN    | DOB             |
| Street             | Type of ID | Expiration Date |
| City/State/Zip     | ID No.     | State of Issue  |
| Home Phone         | Cell Phone | Employer        |
| Work Phone         |            |                 |
| <b>Joint Owner</b> | SSN/TIN    | DOB             |
| Street             | Type of ID | Expiration Date |
| City/State/Zip     | ID No.     | State of Issue  |
| Home Phone         | Cell Phone | Employer        |
| Work Phone         |            |                 |
| <b>Joint Owner</b> | SSN/TIN    | DOB             |
| Street             | Type of ID | Expiration Date |
| City/State/Zip     | ID No.     | State of Issue  |
| Home Phone         | Cell Phone | Employer        |
| Work Phone         |            |                 |

| PAYABLE ON DEATH ACCOUNT   |     |                       |     |
|--|-----|-----------------------|-----|
| In the event of Your death, You, the undersigned, hereby designate the following beneficiary(ies): |     |                       |     |
| Beneficiary/POD Payee  | DOB | Beneficiary/POD Payee | DOB |
| Street   | SSN | Street                | SSN |
| City/State/ZIP   |     | City/State/ZIP        |     |

| PARENTAL AUTHORIZATION FOR MINOR ACCOUNT                 |                |          |
|--|----------------|----------|
| I/We hereby authorize a minor's account to be establish. |                |          |
| X<br>Type of ID  | State of Issue | X<br>ID# |

| USA PATRIOT ACT  |  |
|--|--|
| In accordance with the USA PATRIOT ACT, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. This includes all personal and commercial accounts including loan and deposit accounts, as well as trust, brokerage, insurance, and investment management accounts.                                  |  |
| <b>What This Means To Our Members</b>  |  |
| When you open an account, you will be asked for your name, address, social security or tax identification number, date of birth (if applicable) and other information that will allow Baylands Family Credit Union to identify you. You will also be asked to furnish your driver's license or other identifying documents. We are required to follow this procedure each time an account is opened. |  |

| AUTHORIZATION  |      |                |      |
|--|------|----------------|------|
| By signing below, you agree to conform to the by-laws or any amendments of the Credit Union. You further agree that your accounts will be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. 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. You hereby authorize us, our employees or agents to obtain credit reports in relation to this application or during anytime you are obligated to us for the repayment of any debt, and investigate and verify any information provided to us by you. You understand the credit union will request information from you to verify your identity in accordance with the USA Patriot Act. The Credit Union may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report. |      |                |      |
| X<br>Signature   | Date | X<br>Signature | Date |
| X<br>Signature   | Date | X<br>Signature | Date |

| CERTIFICATION  |  |
|--|--|
| Under penalties of perjury, I certify that:  |  |
| <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</li> <li>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</li> <li>I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7), and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> |  |
| <b>Certification instructions.</b> You must 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 your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section. Instructions for completing this section will be provided to you upon request.  |  |
| <b>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</b>  |  |
| Signature of U.S. person   | Exemptions (see instructions):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____ |
| Date   |  |

| FOR CREDIT UNION USE ONLY |            | <input type="checkbox"/> OPT OUT OF ELECTRONIC DOCS |
|---------------------------|------------|---|
| Date of Membership        | Employee # | Member ID Verified by:                              |
|                           |            | <input type="checkbox"/> OFAC                       |
|                           |            | <input type="checkbox"/> Telecheck                  |