



Membership Application Account Card

USA PATRIOT ACT NOTICE: Federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to open an account we will ask you for your name, address, date of birth and other information that will identify each person on this account. We may ask to see your identifying documents and may retain copies of them.

INSTRUCTIONS:

\$15 is required to cover your minimum share savings deposit of \$5 and your one-time membership fee of \$10. If you are not submitting this application in person, you must include a check for \$15 (made payable to PremierOne Credit Union) and a photocopy of your valid, unexpired U.S. state or federal government issued photo ID bearing your signature. If your address on your ID is not current, please provide a document such as a current utility bill that will verify your address.

MEMBERSHIP NUMBER

NEW UPDATE

PRIMARY MEMBER INFORMATION

FIRST			MIDDLE INITIAL		LAST		
SOC SEC #		DOB	MOTHERS MAIDEN NAME		AFFILIATION		QUALIFICATION
PRIMARY ID NUMBER		ISSUED BY		ISSUED DATE	EXPIRATION DATE		SECONDARY ID
HOME PHONE			CELL PHONE			E-MAIL	
PRIMARY STREET ADDRESS							
CITY				STATE		ZIP	
EMPLOYER			OCCUPATION			WORK PHONE	
EMPLOYER STREET ADDRESS							
CITY				STATE		ZIP	

JOINT OWNER INFORMATION (A)

FIRST			MIDDLE INITIAL		LAST		
SOC SEC #		DOB	MOTHERS MAIDEN NAME		HOME PHONE		CELL PHONE
PRIMARY ID NUMBER		ISSUED BY		ISSUED DATE	EXPIRATION DATE		SECONDARY ID
JOINT STREET ADDRESS							
CITY				STATE		ZIP	
EMPLOYER			OCCUPATION			WORK PHONE	

JOINT OWNER INFORMATION (B)

FIRST			MIDDLE INITIAL		LAST		
SOC SEC #		DOB	MOTHERS MAIDEN NAME		HOME PHONE		CELL PHONE
PRIMARY ID NUMBER		ISSUED BY		ISSUED DATE	EXPIRATION DATE		SECONDARY ID
JOINT STREET ADDRESS							
CITY				STATE		ZIP	
EMPLOYER			OCCUPATION			WORK PHONE	

ACCOUNTS REQUESTED	SERVICES REQUESTED
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<table style="width: 100%;"> <tr> <td>PRIMARY SHARES</td> <td>SPEND ACCOUNT</td> <td>ZERO DIVIDEND SAVINGS</td> </tr> <tr> <td>ADDITIONAL SHARES</td> <td>STANDARD CHECKING</td> <td>YOUTH ACCOUNT SAVINGS</td> </tr> <tr> <td>CLUB ACCOUNT</td> <td>FRESH START CHECKING</td> <td>STUDENT ACCOUNT SAVINGS</td> </tr> <tr> <td>CERTIFICATE ACCOUNT</td> <td>BUSINESS CHECKING</td> <td>BUSINESS ACCOUNT SAVINGS</td> </tr> <tr> <td>IRA</td> <td>HSA CHECKING</td> <td></td> </tr> <tr> <td></td> <td>PREMIER MM</td> <td></td> </tr> </table>	PRIMARY SHARES	SPEND ACCOUNT	ZERO DIVIDEND SAVINGS	ADDITIONAL SHARES	STANDARD CHECKING	YOUTH ACCOUNT SAVINGS	CLUB ACCOUNT	FRESH START CHECKING	STUDENT ACCOUNT SAVINGS	CERTIFICATE ACCOUNT	BUSINESS CHECKING	BUSINESS ACCOUNT SAVINGS	IRA	HSA CHECKING			PREMIER MM		<table style="width: 100%;"> <tr> <td>PHONE BANKING</td> <td>COURTESY PAY</td> </tr> <tr> <td>E-BRANCH</td> <td>VISA CARD</td> </tr> <tr> <td>DIRECT DEPOSIT</td> <td>PERSONAL CHECKS</td> </tr> <tr> <td>PAYROLL DEDUCTION</td> <td>OTHER: _____</td> </tr> <tr> <td>ATM CARD</td> <td></td> </tr> <tr> <td>DEBIT CARD</td> <td></td> </tr> <tr> <td>SHARE OVERDRAFT PROTECTION</td> <td></td> </tr> </table>	PHONE BANKING	COURTESY PAY	E-BRANCH	VISA CARD	DIRECT DEPOSIT	PERSONAL CHECKS	PAYROLL DEDUCTION	OTHER: _____	ATM CARD		DEBIT CARD		SHARE OVERDRAFT PROTECTION	
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BENEFICIARY INFORMATION			
FIRST	MIDDLE INITIAL	LAST	
SOC SEC #	DOB	HOME PHONE	
STREET ADDRESS			CITY
STATE	ZIP	PERCENTAGE TO BENEFICIARY	

BENEFICIARY INFORMATION			
FIRST	MIDDLE INITIAL	LAST	
SOC SEC #	DOB	HOME PHONE	
STREET ADDRESS			CITY
STATE	ZIP	PERCENTAGE TO BENEFICIARY	

TOTAL PERCENTAGE TO BENEFICIARIES MUST EQUAL 100%

Please see attached beneficiary card(s) for additional beneficiaries

Member's designation of Beneficiary(ies), who will receive this account's proceeds in the event of member's death or upon the death of the last surviving joint owner, appears above and is hereby incorporated. Member and other owners agree on their behalf and on the behalf of their heir(s), assigns, personal representatives and all other persons claiming through them to indemnify and hold the Credit Union harmless from all loss or damage by reason of such payment.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION		
My Taxpayer Identification Number (social security number) is:		
Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Taxpayer Identification Number (TIN), (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. person (including a U.S. resident alien). You understand and agree that all dividends credited to your account(s) will be reported to the government tax authorities under this tax payer identification number TIN.		
PRIMARY SIGNATURE		DATE

INCORPORATION BY REFERENCE AND SIGNATURES			
By Signing This Application			
You apply for membership in PremierOne Credit Union. You agree that all PremierOne Credit union share accounts you establish will be subject to the terms of the PremierOne Credit Union Membership Booklet, bylaws, policies and applicable law as amended from time to time and you acknowledge receipt of terms.			
You authorize us to check your account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for accounts and services you request.			
Unless only one person signs this Application, any PremierOne Credit Union share accounts established under this membership (other than IRA or fiduciary accounts, which require separate applications) will be joint with right of survivorship. Upon the death of one owner, the other owner(s) will automatically own all share account(s). Any owner, acting alone, can withdrawal all funds from share accounts established under this membership.			
By signing below, you affirm that the member information you have provided is complete and correct to the best of your knowledge. If there is any change in your name or address, or if any financially significant change occurs after you have applied for any service, you agree to notify us immediately. You acknowledge receipt of money, goods, or services under the application agreement each time you use a service you have requested and each time you accept funds we place in any of your credit union accounts or otherwise deliver to you or on your behalf.			
PRIMARY SIGNATURE	DATE	JOINT OWNER SIGNATURE (A)	DATE
		JOINT OWNER SIGNATURE (B)	DATE

FOR CREDIT UNION USE ONLY							
ID VERIFICATION & OFAC ALERT	COMPLETE YES NO	DISCREPANCY?					
CHEXSYSTEMS	COMPLETE YES NO	RECORD?					
MEMBER SERVICE REPRESENTATIVE	INITIAL	TELLER ID	DATE	MEMBERSHIP OFFICER APPROVAL	INITIAL	TELLER ID	DATE