



6640 Via Del Oro
 San Jose, CA 95119
 1-855-500-P1CU (7128)
 Premieronecu.org
 Fax (408) 224-2892

Membership Application/Update

NEW UPDATE DATE: _____ MEMBER NO: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 when opening a new 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.

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, or non-U.S. passport 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.

MEMBER/OWNER INFORMATION

Update Membership Affiliation: _____ Qualification: _____

Member/Owner Name: _____ SSN/TIN: _____

Mailing Address: _____ ID Type: _____

City/State/Zip: _____ ID Number: _____

Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____

City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____

Primary/Mobile Phone: _____ E-Mail: _____

Secondary Phone: _____ Mother's Maiden Name: _____

Employer: _____ Occupation/Title: _____

Employer Address: _____

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner UTMA/UGMA Custodian Agent Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization

Name #1: _____ SSN/TIN: _____

Mailing Address: _____ ID Type: _____

City/State/Zip: _____ ID Number: _____

Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____

City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____

Primary/ Mobile Phone: _____ E-Mail: _____

Secondary Phone: _____ Mother's Maiden Name: _____

Employer: _____ Occupation/Title: _____

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (cont.)

Joint Owner Agent Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization

Name #2: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Primary/Mobile Phone: _____ E-Mail: _____
Secondary Phone: _____ Mother's Maiden Name: _____
Employer: _____ Occupation/Title: _____

Joint Owner Agent Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization

Name #3: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Primary/Mobile Phone: _____ E-Mail: _____
Secondary Phone: _____ Mother's Maiden Name: _____
Employer: _____ Occupation/Title: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account
 Add Update Remove

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
SSN/TIN: _____ Date of Birth: _____ SSN/TIN: _____ Date of Birth: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____

UTMA/UGMA
_____ (as custodian for _____ (minor)
under the Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: _____

Agency
Name of Agent: _____
Signature: _____ Date: _____
 All Accounts Designate Specific Accounts: _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), 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. 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).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

Certification Instructions. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. 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.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

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 by the Credit Union 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 surviving owner(s) will automatically own all share account(s). Any owner acting alone can withdraw 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member/Owner _____ Date _____
X

Joint Owner/Authorized Signer _____ Date _____
X

Joint Owner/Authorized Signer _____ Date _____
X

Joint Owner/Authorized Signer _____ Date _____
X

FOR CREDIT UNION USE ONLY
Date of Membership: _____ Membership No. _____ Processed By Name: _____
Operator ID: _____
Verifications Completed: ID Verify OFAC ChexSystems Credit Report Fraud Shield
 All discrepancies documented in XP2 CIP Contact