

Welcome to Fresno County Federal Credit Union. So that we may set up your membership to best fit your needs, please check the appropriate box/boxes below.

- Primary Member** – the membership will be established in the name of the Primary Member. This member has full access to the membership and voting rights with an initial deposit of \$5 in the Share Savings Account.
- Joint Member** – by adding a Joint Member to the membership (with an initial deposit of \$5), the Joint Member will have full access to the membership, voting rights and can become a co-borrower on loans.
- Joint Owner** – a Joint Owner can be added to the account (no initial deposit necessary) and will have full access to the membership. However, the Joint Owner will not have voting rights or the ability to become a co-borrower on loans.

Savings Type	Checking Type	Services	Amend Account
<input type="checkbox"/> Share Savings	<input type="checkbox"/> e.Checking	<input type="checkbox"/> ATM/Debit Card	<input type="checkbox"/> Add Joint Member
<input type="checkbox"/> Secondary Share Savings	<input type="checkbox"/> Courtesy Checking	<input type="checkbox"/> e.Statements	<input type="checkbox"/> Add Joint Owner
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Change Beneficiary
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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 who opens an account. What this means for you: when you open an account, we will ask you 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.

MEMBERSHIP INFORMATION

Primary Member Name:	Joint Member Name:
Physical Address:	Physical Address:
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Mailing Address:	Mailing Address:
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: () _____	Home Phone: () _____
Work Phone: () _____ Cell: () _____	Work Phone: () _____ Cell: () _____
e-mail: _____	e-mail: _____
SSN/TIN: _____	SSN/TIN: _____
Date of Birth: _____	Date of Birth: _____
Driver's License #:	Driver's License #:
State: _____ Issue Date: _____ Expires: _____	State: _____ Issue Date: _____ Expires: _____
Employer: _____	Employer: _____
Occupation: _____ Mo. Income: \$ _____	Occupation: _____ Mo. Income: \$ _____
Mother's Maiden Name: _____	Mother's Maiden Name: _____

ACCOUNT BENEFICIARY DESIGNATION

Upon the death of the last surviving member/owner, the funds in your account shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below only with the written consent of all member/owners to the account.

Name: _____	Date of Birth: _____	Relationship: _____	%: _____
Name: _____	Date of Birth: _____	Relationship: _____	%: _____
Name: _____	Date of Birth: _____	Relationship: _____	%: _____

TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING

Under penalties of perjury, you certify: (1) that the number shown on this form is your correct taxpayer identification number; (2) that you are not subject to backup withholding either because you have not been notified that you are subject to backup withholding as a result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified you that you are no longer subject to backup withholding; and (3) you are a U.S. citizen (including a U.S. resident alien).

INSTRUCTION TO SIGNER: If you have been notified by the Internal Revenue Services (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

AUTHORIZATION

I/WE HEREBY MAKE APPLICATION FOR MEMBERSHIP IN AND AGREE TO CONFORM TO THE BY-LAWS (AS AMENDED) OF THE FRESNO COUNTY FEDERAL CREDIT UNION.

By signing below, the undersigned agree to the Credit Union by-laws and the terms and conditions of any approved account, as amended from time to time. In addition, I/we authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency, in determining initial and ongoing eligibility for the account(s) and/or in connection with making future credit opportunities available. The undersigned certify that the information provided on this application is true and correct and that the terms on the application apply to all listed accounts. The undersigned acknowledges receipt of a copy of the Credit Union's Truth-In-Savings Disclosure, Rate and Fee Schedule, Privacy Policy and the terms and conditions applicable to each listed account and the following policy disclosures.

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

x _____	x _____
Primary Member Signature	Joint Member/Owner Signature
Date	Date

FOR CREDIT UNION USE ONLY

Primary Eligibility _____	ID Verify: <input type="checkbox"/> Pass <input type="checkbox"/> Override	OFAC: <input type="checkbox"/> Pass <input type="checkbox"/> Override	Chex Systems: <input type="checkbox"/> Accept <input type="checkbox"/> Exception
Joint Member Eligibility _____	ID Verify: <input type="checkbox"/> Pass <input type="checkbox"/> Override	OFAC: <input type="checkbox"/> Pass <input type="checkbox"/> Override	Chex Systems: <input type="checkbox"/> Accept <input type="checkbox"/> Exception
Opened By _____	Teller # _____	Date _____	
Comments _____			

Membership Approved By _____ Date _____			