

**MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT**

ACCT. NO. _____	MEMBER NAME _____	DATE _____
<input type="checkbox"/> NEW MEMBER	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> INDIVIDUAL ACCOUNT	<input type="checkbox"/> JOINT ACCOUNT	<input type="checkbox"/> _____
<input type="checkbox"/> SHARE ACCOUNT _____	<input type="checkbox"/> SHARE DRAFT _____	<input type="checkbox"/> _____
(Date Opened)	(Date Opened)	(Date Opened)
	(Account Type)	(Date Opened)
	(Account Type)	(Date Opened)
	(Account Type)	(Date Opened)

\* THIS CARD MAY BE USED FOR MULTIPLE ACCOUNTS ONLY IF: 1) ALL ACCOUNTS LISTED ABOVE ARE INDIVIDUAL ACCOUNTS OF THE MEMBER; OR 2) ALL ACCOUNTS LISTED ABOVE ARE OWNED BY ALL JOINT OWNERS SHOWN BELOW. ANY CHANGES AND/OR THE ADDITION OF A NEW ACCOUNT(S) REQUIRES THE CONSENT AND SIGNATURE OF ALL JOINT OWNERS. FOR ADDITIONAL ACCOUNTS OF THE MEMBER WITH OWNERSHIP OTHER THAN THAT SHOWN BELOW, A SEPARATE SIGNATURE CARD MUST BE USED.

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

**ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE**

By signing below, I/we acknowledge that I/we have received a copy of the Credit Union's Truth-in-Savings Disclosure ("Disclosure") and that I/we have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporated in their entirety into this membership application and account agreement ("Application"). I/we authorize the Credit Union to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I/we agree to be bound by the terms and conditions of the Disclosure and Application. I/we understand that the Credit Union may verify all information I/we have given on the Application.

<b>X</b> _____	_____	<b>X</b> _____	_____
MEMBER SIGNATURE	DATE	JOINT OWNER SIGNATURE	DATE

**MEMBER INFORMATION**

MEMBER NAME (PLEASE PRINT) _____		SOCIAL SEC. NO. _____	
ADDRESS _____		CITY _____	STATE _____ ZIP _____
HOME PHONE _____	CELL PHONE _____	BUSINESS PHONE _____	EMAIL ADDRESS _____
TYPE OF IDENTIFICATION (EXP. DATE) _____		EMPLOYER _____	
DATE OF BIRTH _____	MOTHER'S MAIDEN NAME _____	OCCUPATION _____	

**JOINT OWNER INFORMATION**

MEMBER NAME (PLEASE PRINT) _____		SOCIAL SEC. NO. _____	
ADDRESS _____		CITY _____	STATE _____ ZIP _____
HOME PHONE _____	CELL PHONE _____	BUSINESS PHONE _____	EMAIL ADDRESS _____
TYPE OF IDENTIFICATION (EXP. DATE) _____		EMPLOYER _____	
DATE OF BIRTH _____	MOTHER'S MAIDEN NAME _____	OCCUPATION _____	

**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 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.

**DESIGNATION OF BENEFICIARY (PAY-ON-DEATH PAYEE)**

**SHARES BENEFICIARY (member)**

In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account(s).

NAME OF BENEFICIARY	ADDRESS

MEMBER SIGNATURE **X** \_\_\_\_\_

**SHARES BENEFICIARY (joint owner)**

In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account(s).

NAME OF BENEFICIARY	ADDRESS

JOINT OWNER SIGNATURE **X** \_\_\_\_\_

**OVERDRAFT PROTECTION**  YES  NO Share Draft Account overdrafts will be covered by a transfer from:

Share Account # \_\_\_\_\_ Share Account # \_\_\_\_\_ Loan # \_\_\_\_\_

**PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NO.:**

Name
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**PART I. Taxpayer Identification Number (TIN).** Enter your TIN in the box below. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refer to the W-9 Form, Specific Instructions, Part I. For other entities, it is your employer identification number (EIN). If you do not have this number, see Instructions How to get a TIN in the W-9 Form, Specific Instructions. **NOTE: If the account is in more than one name, see the chart on the W-9 Form, Specific Instructions.**

**Social Security No. or Employer I.D. Number:** \_\_\_\_\_

**PART II. Certification.** Under penalties of perjury I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined in the W-9 Form, General Instructions), and
- The FATCA code(s) entered on the separate instruction sheet (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See Certification Instructions in the W-9 Form).

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

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of the person whose TIN is stated above)

<b>- FOR CREDIT UNION USE ONLY -</b>	
Include name of system used to verify Member information: System: _____ Date _____	This Application for Membership as to <input type="checkbox"/> Member <input type="checkbox"/> Joint Owner Approved By: Signature: _____ Date _____