

Membership and Account Application



OFFICIAL USE ONLY
Member Name _____
Account Number _____

NOTE: In accordance with Section 326 of the USA Patriot Act, **applicants for new accounts are required to provide current picture identification** that verifies identity including name, address and other identifying information. We proudly support all efforts to protect and maintain the security of our members and our country.

Please sign me up for the following products and services:

- Share Savings Account** (included with every new membership, \$5 initial deposit required)
 - Convenience Package** (Checking Account, Debit MasterCard™, and Direct Deposit, \$35 initial deposit required)
 - Super Convenience Package** (Checking Account, Debit MasterCard™, Direct Deposit, and 1st Line Overdraft Protection, \$35 initial deposit required)
 - Checking Account Only** (no package, \$35 initial deposit required) Choose One: Debit MasterCard™ ATM Card (PIN transactions only)
- Overdraft Protection: Yes No Pull From: Share Savings 1st Line of Credit
- Additional Share Accounts:** Share Savings Money Market Holiday Holdings
- Convenient Services:** Online Banking with BillPay Mobile Banking Telephone Banking

OFFICIAL USE ONLY - OVERDRAFT PROTECTION
Member Account # _____
Share ID # _____ 1 st Line ID # _____

Member Information

First Name _____ M.I. _____ Last Name _____

Social Security # _____ Driver's License # _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____

Qualification for Membership _____

Email Address _____ Mother's Maiden Name _____

Joint-Owner Information

First Name _____ M.I. _____ Last Name _____

Social Security # _____ Driver's License # _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____

Email Address _____ Mother's Maiden Name _____

Designation of Beneficiary (Pay-On-Death Payee)

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

Name _____ Address _____ City _____ State _____ Zip _____

Name _____ Address _____ City _____ State _____ Zip _____

Name _____ Address _____ City _____ State _____ Zip _____

Member(s) Signature(s)

I hereby make application for membership to 1st Northern California Credit Union ("1st Nor Cal"). I agree to conform to 1st Nor Cal's bylaws as well as all of the terms and conditions set forth in the "About Your Credit Union Accounts" Truth-in-Savings (TIS) Disclosure within 10 days after 1st Nor Cal receives and processes this Membership and Account Application and opens my account(s). I authorize 1st Nor Cal to verify financial information considered appropriate from time to time by any necessary means, including obtaining a consumer credit report from any consumer credit reporting agency. I understand that this will assist in determining my initial and ongoing eligibility for an account and/or in connection with making future credit opportunities available to me.

Member Signature _____ Date _____

Joint-Owner Signature _____ Date _____

PLEASE CONTINUE ON NEXT PAGE

Membership and Account Application Continued

FORM W-9

OFFICIAL USE ONLY

Member Name

Account Number

Full Name _____

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Full Name" line to avoid backup withholding. For individuals, this is your Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refer to the Request for Taxpayer Identification Number and Certification available from the IRS. For other entities, it is your Employer Identification Number (EIN). If you do not have a number, please contact the Internal Revenue Service (IRS).

Note. If the account is in more than one name, refer to the Request for Taxpayer Identification Number and Certification available from the IRS.

Social Security Number or Employer Identification Number _____

Part II. Certification

Under penalties of perjury I certify that:

1. The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), 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 (defined below), and
4. The FATCA code(s) entered on this form (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. Request for Taxpayer Identification Number and Certification available from the IRS.

Part III. Backup Withholding Exempt

U.S. Payees exempt from backup withholding. See instructions in the Truth-in-Savings Disclosure.

Exemption from FATCA reporting code (if any): _____

Signature _____ Date _____



1st Nor Cal[®]
1ST NORTHERN CALIFORNIA CREDIT UNION

1st Northern California Credit Union | PO Box 509, Martinez, CA 94553 | (888) 387-8632 | www.1stnorcalcu.org

OFFICIAL USE ONLY

OFAC #: _____
Member Joint-Owner Beneficiary

Credit Verified: Yes No ChexSystems Verified: Yes No

Signature of Approving Official _____ Date _____