

# APPLICATION FOR MEMBERSHIP

New  
 Replacement  
 Exempt Payee

Member/Owner:	Acct. No.:
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If not already a member of Golden 1 Credit Union ("Golden 1"), I hereby apply for membership based on the following qualification:

I/We would like to establish this account as \_\_\_\_\_  
 Note: A joint account is owned by the named parties, with rights of survivorship. All owners of the account have equal and undivided ownership of funds (**excluding Individual Retirement Account, or "IRA", funds**). Pay on Death (P.O.D.) payee (Beneficiary) means a person designated on a P.O.D. account as one to whom the account is payable on request after the death of one or more of the named parties.

### 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.

**If not a "U.S. person," you may need to certify foreign status separately** (request W-8 BEN form from credit union).

- CERTIFICATION: "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 to me);
  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 that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service 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)."
  4. The FATCA code entered on this form (if any), indicating that the payee is exempt from FATCA reporting, is correct.

**CERTIFICATION INSTRUCTIONS.**  Check this box (which will have the effect of striking out item number two above) if the IRS has notified you that you are subject to backup withholding due to a failure to report all interest and dividends.

SSN/ITIN: \_\_\_\_\_ Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member/Owner (PLEASE PRINT)				
<b>Name</b>			<b>Previous Physical Address</b>	
<b>SSN</b>			<b>City, State, ZIP</b>	
<b>Date of Birth</b>			<b>Home Phone</b>	
<b>Mother's Maiden Name</b>			<b>Work Phone</b>	
<b>Physical Address</b>			<b>Cell Phone</b>	
<b>City, State, ZIP</b>			<b>E-mail Address</b>	
<b>Mailing Address</b>			<b>Employer Name</b>	
<b>City, State, ZIP</b>			<b>Occupation</b>	
<b>Primary Identification</b>	Type/Issuer		<b>Secondary Identification</b>	
	ID#	Exp.		ID#
	Issue Date			Issue Date
	Description			Description

Joint Owner or <input type="checkbox"/> Authorized Signer		Joint Owner
<b>Name</b>		
<b>SSN/DOB</b>	/ /	
<b>Mother's Maiden Name</b>		
<b>Physical Address</b>		
<b>City, State, ZIP</b>		
<b>Home Phone</b>		
<b>Work Phone</b>		
<b>Cell Phone</b>		
<b>E-mail Address</b>		
<b>Employer Name</b>		
<b>Occupation</b>		

<b>Primary Identification</b>	Type/Issuer		Type/Issuer	
	ID#		ID#	
	Issue Date	Exp.	Issue Date	Exp.
	Description		Description	
<b>Secondary Identification</b>	Type/Issuer		Type/Issuer	
	ID#		ID#	
	Issue Date	Exp.	Issue Date	Exp.
	Description		Description	

Joint/Owner		Joint/Owner	
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<b>Name</b>		
<b>SSN/DOB</b>	/	/
<b>Mother's Maiden Name</b>		
<b>Physical Address</b>		
<b>City, State, ZIP</b>		
<b>Home Phone</b>		
<b>Work Phone</b>		
<b>Cell Phone</b>		
<b>E-mail Address</b>		
<b>Employer Name</b>		
<b>Occupation</b>		

<b>Primary Identification</b>	Type/Issuer		Type/Issuer	
	ID#		ID#	
	Issue Date	Exp.	Issue Date	Exp.
	Description		Description	
<b>Secondary Identification</b>	Type/Issuer		Type/Issuer	
	ID#		ID#	
	Issue Date	Exp.	Issue Date	Exp.
	Description		Description	

Beneficiary 1*		Beneficiary 3*	
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<b>Name</b>		<b>Name</b>	
<b>SSN/DOB</b>	/	<b>SSN/DOB</b>	/
<b>Relationship/Percentage %</b>	/	<b>Relationship/Percentage %</b>	/
<b>Physical Address</b>		<b>Physical Address</b>	
<b>City, State, ZIP</b>		<b>City, State, ZIP</b>	

Beneficiary 2*		Beneficiary 4*	
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<b>Name</b>		<b>Name</b>	
<b>SSN/DOB</b>	/	<b>SSN/DOB</b>	/
<b>Relationship/Percentage %</b>	/	<b>Relationship/Percentage %</b>	/
<b>Physical Address</b>		<b>Physical Address</b>	
<b>City, State, ZIP</b>		<b>City, State, ZIP</b>	

*\*except for IRA funds, separate IRA beneficiary designation form required*

If more than one beneficiary is named, the beneficiaries shall share equally unless a different percentage is listed above. You are responsible for properly designating the percentage shares so that they equal 100%. If there is a discrepancy and the total does not equal 100%, you agree that the beneficiaries shall share equally. If a beneficiary dies before the last surviving account owner, the share that beneficiary would have received will be payable to those beneficiaries who are alive when the last surviving account owner dies. If all beneficiaries die before the last surviving account owner, or if you do not designate any beneficiaries, the funds will be payable to the estate of the last surviving owner upon their death.

**OVERDRAFT PROTECTION**

I/We request overdraft protection service for my/our checking account and designate my/our savings account \_\_\_\_\_ be used for the overdraft protection purposes. In the event the checking account becomes overdrawn, I/we authorize Golden 1 to automatically transfer available funds from the designated savings account in increments of \$200.00, up to the available balance. I/We understand if there are not enough funds available to cover the entire amount of an item presented for payment on my/our checking account, you may, at your option and without notice to me/us, pay the item and create an overdraft on my/our account or return the item unpaid. I/We understand there may be a fee assessed for the overdraft protection services and returned items. NOTE: ATM transactions that create an overdraft will not be paid, and one-time debit transactions that create an overdraft will generally be paid only if you opt-in to Courtesy Pay for Everyday Debit Transactions. For important information regarding Courtesy Pay for Everyday Debit Transaction, and to opt in, visit [golden1.com/debitoverdraft](http://golden1.com/debitoverdraft). You may also opt in by visiting any Golden 1 branch, mail it to Golden 1 Credit Union, P.O. Box 15966, Sacramento, CA 95852-0966, or calling 1-877-GOLDEN 1 (1-877-465-3361). Please see separate Fee Schedule for applicable fees.  Apply for Line of Credit overdraft (subject to credit approval).

**TERMS AND CONDITIONS**

I/We agree that the shares purchased for this account structure shall be held individually, in joint tenancy, or as trustee and co-trustee with the person or persons named below, if any (excluding IRA funds). I/We further agree that Golden 1 is authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. IRA owners understand that periodic IRA statements will be combined with the periodic statement for all other accounts opened pursuant to this application and that information about the IRA will therefore be disclosed to all of the persons named below. If you wish to have the IRA statement provided exclusively to the IRA owner, you must establish a separate IRA.

I/We understand that this application is also for a Golden 1 ATM/Debit Card, Mobile and Online Banking, and Bill Payment service access. I/We have or will have received a copy of Golden 1's Disclosure of Account Information and Fee Schedule and I/we agree that it is incorporated into this agreement and I/we agree to its terms and conditions. I/We will read and accept all terms and conditions or notify Golden 1 in writing to close this account.

I/We agree to pledge all shares, payments on shares, dividends on shares, and deposits (excluding IRA accounts or other accounts to the extent that applicable law precludes the pledge of such accounts) in all joint and individual accounts held by me/us, which I/we have now or in the future with Golden 1, as security for all my/our obligations with Golden 1. These obligations include but are not limited to principal, interest, late charges, finance charges, costs, and expenses, including attorney's fees.

I/We authorize Golden 1 to contact me/us in any manner, on any phone number provided or obtained, including a cell phone number, for any purpose related to my/our account.

I/We authorize Golden 1, without further notice, to apply any and all shares, payments, dividends, and deposits to the payment of each obligation if I/we should default. I/We agree that Golden 1's lien is independent of any security agreement I/we may sign, and Golden 1 may enforce its lien in any manner, at any time allowed by law. I/We agree that I/we own any shares pledged and that there are no liens against them other than Golden 1's.

**Authorization to Obtain Credit Report:** I/We authorize Golden 1 to obtain my/our credit report from one or more consumer reporting agencies in connection with its review and approval of this membership/loan application. I/We further authorize Golden 1 to periodically obtain subsequent credit reports to determine eligibility for existing products and services already established.

**I/We waive the confidentiality of my residence address as provided under Section 1808.21 of the Vehicle Code and authorize the Department of Motor Vehicles to furnish my current address to Golden 1.**

<p><b>I/We certify under penalty of perjury that the foregoing information is true and correct.</b></p> <p>Member/Owner Signature _____ Date _____</p> <p>Joint/Owner Signature _____ Date _____</p> <p>Joint/Owner Signature _____ Date _____</p> <p>Joint/Owner Signature _____ Date _____</p> <p>Joint/Owner Signature _____ Date _____</p>	<p><b>Authorized Signer</b> – I agree that Golden 1 Credit Union is authorized to recognize the signature subscribed below in the payment of funds or the transaction of any business for this account.</p> <p>I am the appointed _____</p> <p>for _____.</p> <p><b>I certify under penalty of perjury that the foregoing information is true and correct.</b></p> <p>_____ Authorized Signer Signature <span style="float:right">Date</span></p>
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**FOR CREDIT UNION USE ONLY**

Branch/Teller#			Approved By:		Date:	Membership <input type="checkbox"/> Verified <input type="checkbox"/> Denied <input type="checkbox"/> Statement of Denial Notice Given	
Audit Teller #			Reviewed/Audited By:		Date:	Disclosure Given <input type="checkbox"/> In Person <input type="checkbox"/> Mailed	
Member: eFunds Qualifile		Bridger OFAC		Address Verification		Application Received <input type="checkbox"/> In Person <input type="checkbox"/> Mailed	
/		/		Purpose of Acct:			
Joint Owner(s) eFunds Qualifile		J1/A1		J2		J3	J4
Authorized Signer: Bridger OFAC							
Beneficiaries: Bridger OFAC		B1		B2		B3	B4
Other Documents Obtained:					Comments:		