



APPLICATION FOR MEMBERSHIP AND TRUST AGREEMENT

- New
- Replacement
- Exempt Payee
- Revocable
- Irrevocable

Name of Trust:	Executed on:	Acct. No.:
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Executed by Trustor(s) Name(s):

Address:	City, State, ZIP:	SSN:
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Address:	City, State, ZIP:	SSN:
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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:

Family Member Name:	Family Relationship:	City:
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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. You must cross out item number 2 above if you have been notified by the IRS that you are subject to backup withholding because of under reporting interest or dividends on your tax return.

SSN/ITIN/EIN: _____ Trustee Signature: _____ Date: _____

	Trustee <input type="checkbox"/> Trustor Only (if applicable)	Co-Trustee	Co-Trustee
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Name				
SSN				
Date of Birth				
Mother's Maiden Name				
Physical Address				
City, State, ZIP				
Mailing Address				
City, State, ZIP				
Home Phone				
Work Phone				
Cell Phone				
E-mail Address				
Employer Name				
Occupation				
Primary Identification	Type/Issuer	Type/Issuer	Type/Issuer	
	ID#	ID#	ID#	
	Issue Date	Exp.	Issue Date	Exp.
	Description		Description	
Secondary Identification	Type/Issuer	Type/Issuer	Type/Issuer	
	ID#	ID#	ID#	
	Issue Date	Exp.	Issue Date	Exp.
	Description		Description	

Successor Trustee		Successor Trustee		Successor Trustee	
Name					
SSN					
Date of Birth					
Physical Address					
City, State, ZIP					
Phone					
Relationship					

Beneficiary 1*			Beneficiary 2*		
Name			Name		
SSN/DOB		/	SSN/DOB		/
Relationship/Percentage %		/	Relationship/Percentage %		/
Physical Address			Physical Address		
City, State, ZIP			City, State, ZIP		

Beneficiary 3*			Beneficiary 4*		
Name			Name		
SSN/DOB		/	SSN/DOB		/
Relationship/Percentage %		/	Relationship/Percentage %		/
Physical Address			Physical Address		
City, State, ZIP			City, State, ZIP		

*except for Individual Retirement Accounts, or "IRA" funds, separate IRA beneficiary designation form required

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 will 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. Please see separate Fee Schedule for Overdraft Protection and Returned Item Fees. Apply for Line of Credit overdraft (subject to credit approval).

TERMS AND CONDITIONS OF THE TRUST ACCOUNT AGREEMENT

Trustee/Co-Trustee Transactions: Each Trustee/Co-Trustee acting alone may take any action on behalf of the trust.

Authority of Trustee/Co-Trustees: The Trustor represents that each of the Trustees are duly appointed under the Trust and that by the authority vested in them under the Trust, they, acting alone, are authorized and empowered to transact business of any kind in connection with the Trust's accounts at Golden 1. It is agreed that any transaction by the above named trustee(s), acting alone, shall be valid and discharge Golden 1 from any liability. The Trustee and each of the Trustees represent and warrant that he or she has the authority under the governing Trust instrument to (a) enter into this agreement to establish and maintain this account as Trustee with Golden 1; (b) transact any and all business on this account, including, without limitation, the authority to (i) make, sign, and deliver checks or other drafts for the benefit of the Trust; and (ii) withdraw by check, order, or otherwise any or all funds (including earned dividends) on deposit in this account.

Indemnification: The Trustee and each of the Co-Trustees hereby agree to defend, indemnify, and hold Golden 1 harmless from and against any and all claims, demands, suits, actions, damages, judgments, costs, charges, and expenses (including, without limitation, court costs and attorney's fees) of any nature whatsoever that Golden 1 may suffer, sustain, or incur resulting from, arising out of or in any way connected with the establishment or maintenance of, or transaction of any business on, this account by or through any Trustee or Co-Trustee. The Trustee and each of the Co-Trustees agree to pay any necessary expenses, attorney's fees, or costs in the enforcement of this indemnification and hold harmless provision.

Reliance on Statements; Notification: The Trustee and each of the Co-Trustees acknowledge and agree that Golden 1 is relying upon the statements, representations, and warranties made by the Trustee/Co-Trustee contained in this agreement, and that Golden 1 shall not be responsible in any way for verifying either the existence, validity, or legality of the Trust itself, or the authority or powers of the Trustee/Co-Trustee under the governing Trust instrument to establish, maintain, or transact any business on this account as set forth above. Golden 1 reserves the right to require the Trustee/Co-Trustee to execute and provide a certification of trust and excerpts from the original trust documents and amendments thereto pursuant to Probate Code Section 18100.5. The Trustee and each of the Co-Trustees agree to notify Golden 1 of (a) any change in address of any Trustee/Co-Trustee, Trustor, or successor Trustee disclosed in this agreement; (b) the death or resignation, of any Trustor or Trustee/Co-Trustee; and (c) any changes to or amendments to the Trust which would conflict with or otherwise cause any statements, representations, or warranties in this agreement to be incorrect. Death or resignation of any Trustee or Trustor shall not revoke the authority of Golden 1 to act under this Account Agreement until written notice of the death or resignation has been presented to Golden 1 and Golden 1 has had reasonable opportunity to act on the notice. Any change in Trustor(s) or Trustee(s) is not effective until Golden 1 has received a properly completed and executed replacement Trust Account Agreement.

TERMS AND CONDITIONS OF THE TRUST ACCOUNT AGREEMENT (continued)

Successor Trustee(s): Before any successor Trustee may transact any business on this account, the successor Trustee shall (a) provide Golden 1 with proof acceptable to Golden 1 that the Trustee and all Co-trustees have (i) resigned, (ii) died, or (iii) are otherwise unable to act or refuse to act; and (b) execute a new Trust Account Agreement form. Golden 1 reserves the right to require the Successor Trustee(s) to execute and provide a certification of trust and excerpts from the original trust documents and amendments pursuant to Probate Code Section 18100.5.

Credit Union as Depository Institution Only: The Trustee and each of the Co-Trustees acknowledge and agree that Golden 1's sole obligation to the Trustee/Co-Trustees hereafter is as a depository institution and nothing in this agreement or in the governing Trust Instrument shall be construed to impose any duties or obligations whatsoever upon Golden 1 for enforcing the terms of the Trust.

Recommendation to Seek Professional Advice: This agreement affects your legal rights. In providing this agreement for the establishment of this account, Golden 1 makes no representation as to any tax, probate avoidance, or financial or estate planning advantage, benefit, or result of any kind whatsoever. If you desire assistance concerning the interpretation, meaning, or effect of any of the provisions of this agreement, you should seek the advice of an attorney or other competent professional.

I/We understand that this application is also for a Golden 1 ATM/Debit Card, Golden 1 Online, and Bill Payment service access. I/We have or will have received a copy of Golden 1 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/our residence address as provided under Section 1808.21 of the Vehicle Code and authorize the Department of Motor Vehicles to furnish my/our current address to Golden 1.

I/We certify under penalty of perjury under the laws of the State of California that the foregoing information is true and correct, and declare this Account Agreement is being signed by all of the currently acting Trustee(s) of the Trust.

Trustee Signature _____ Date: _____

Co-trustee Signature _____ Date: _____

Co-trustee Signature _____ Date: _____

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
Trust:	eFunds Qualifile	Bridger OFAC	Address Verification	Purpose of Acct:	Application Received <input type="checkbox"/> In Person <input type="checkbox"/> Mailed
	/	/	/	Source of Funds:	
Trustee:	/	/	/		
Trustor(s): eFunds Qualifile Bridger OFAC	T1	T2	Other Documents Obtained:		
Co-Trustee(s): eFunds Qualifile Bridger OFAC	C1	C2	Comments:		
Successor Trustee(s): Bridger OFAC	ST1	ST2	ST3		
Beneficiaries: Bridger OFAC	B1	B2	B3	B4	