

UNION PACIFIC CA EFCU: MEMBERSHIP/ACCOUNT APPLICATION

NEW MEMBER SAVINGS

INDIVIDUAL ACCOUNT CHECKING

JOINT ACCOUNT PC TELLER

EXPRESS TELLER MONEY MARKET

M/C CHECK CARD ATM CARD

(CIRCLE TYPE OF ACCOUNT)

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN AND AGREE TO CONFIRM TO THE BY-LAWS (AS AMENDED)

By signing below, I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure ("Disclosure") and that I have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in this Membership & Account Application and any amendments thereto (Application) are by this reference incorporated in their entirety into the Disclosure. I agree to be bound by the terms and conditions of the Disclosure and Application. I understand that the Credit Union may verify all information I have given on the Application.

X
MEMBER SIGNATURE

DATE

X
JOINT OWNER SIGNATURE

DATE

MEMBER INFORMATION: SUBMIT CURRENT CK STUB / DRIVER'S LICENSE (COLOR) _____ CHEX SYSTEMS

MEMBER NAME (PLEASE PRINT) SOCIAL SEC. NO.

ADDRESS CITY STATE ZIP

HOME PHONE BUSINESS PHONE CELL PHONE

CA DRIVER LIC. # EMPLOYER

DATE OF BIRTH E-MAIL ADDRESS MOTHER'S MAIDEN NAME

JOINT OWNER INFORMATION

JOINT OWNER'S NAME (PLEASE PRINT) SOCIAL SEC. NO.

ADDRESS CITY STATE ZIP

HOME PHONE BUSINESS PHONE

CA DRIVER LIC. # EMPLOYER

DATE OF BIRTH MOTHER'S MAIDEN NAME

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 whose name appears below as my beneficiary to receive any and all amounts in this account.

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 whose name appears below as my beneficiary to receive any and all amounts in this account.

NAME OF BENEFICIARY ADDRESS

JOINT OWNER SIGNATURE X

OVERDRAFT PROTECTION YES NO

Checking Account overdrafts will be covered by a transfer from:

~~Share~~ Share Account # _____ Loan # _____

TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

CERTIFICATION (See reverse side of this form for instructions): By signing below, I certify under penalties of perjury that (1) the Social Security number or Employer Identification Number above is my correct taxpayer identification number, and (2) I am NOT, unless noted below, subject to backup withholding because (a) I am exempt, or (b) I have not been notified 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.

I am subject to backup withholding.
(Cross out item 2)

I am not a U.S. citizen or resident
(Complete an IRS W-8 form)

MEMBER SIGNATURE X