

Technology Credit Union Universal Signature Card/Membership Application

For Tech CU Use Only	Member Account Number	Branch	Date Opened	Processed By

IMPORTANT INFORMATION ABOUT MEMBERSHIP AND NEW ACCOUNTS AT TECH CU

Federal regulations require all financial institutions to obtain, verify, and record information that identifies each person who opens an account. We will ask for the name, address, date of birth, taxpayer identification number, and other information that will identify each person who signs this application. We may ask to see your driver's license or other identifying documents. We may keep copies of your identifying documents. We may use outside sources, such as consumer reporting agencies, to confirm the information you give us.

We will accept your application if you otherwise qualify and write "application in process" in the Social Security/Taxpayer ID Number section of the application and give us a copy of your application. If we do not receive a Taxpayer ID number for you within 60 days of opening your account, we will close it. We will not extend credit to anyone who has not given us a valid Taxpayer ID number.

By applying for membership, you agree that we can review your credit and account history with consumer reporting agencies. Your oral, written, or electronic request and deposit of funds will allow you to open any Tech CU account for which you qualify under the membership number established for this application.

This card must be submitted to a Tech CU employee at a Tech CU office or at an event at which Tech CU staff are present to enroll new members. THIS IS A PERMANENT RECORD. Please print clearly or type in black ink only.

MEMBER

First Name/Middle Name/Last Name		Date of Birth	Social Security/Taxpayer ID Number	Country of Citizenship
ID Issuer and ID Type and ID Number			ID Issue Date and ID Expiration Date	
Physical/Residence Address			City/State/Zip Code	
Mailing Address (if different from above)			City/State/Zip Code	
Home Phone		Work Phone	Cell Phone	Email Address
Employer	Occupation		Mother's Maiden Name	

Account Ownership: Persons identified as joint owners will own proceeds of all accounts established under this membership number (except IRAs and fiduciary accounts) on the same basis as the member, will be able to withdraw all funds, and will succeed to ownership of the funds in the accounts upon the death of the member. Withdrawal of funds by one owner terminates all other owners' rights to the funds. Funds under this membership number will be liable for any obligations incurred to Tech CU by either the joint owner(s) or the member.

	Joint Owner 1	Joint Owner 2
First Name/Middle Name/Last Name		
Date of Birth		
Social Security/Taxpayer ID Number		
Country of Citizenship		
Physical/Residence Address		
City/State/Zip Code		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Employer		
Occupation		
Mother's Maiden Name		
ID Information		
ID Issuer		
ID Type		
ID Number		
ID Issue Date		
ID Expiration Date		

Please attach additional sheet if necessary. Any one signer may close the account.

ELIGIBILITY: I am eligible for membership because:

- I work for _____ (Member company name).
- I live, work, worship, or attend school in Santa Clara County Alameda County San Mateo County Santa Cruz County Contra Costa County San Francisco County in California.
- I live with or am related to (Name) _____ (Telephone #) _____

(Account #) _____ who belongs to Technology Credit Union.

If I make misleading statements regarding membership eligibility, the Credit Union may immediately cancel my membership, close my accounts, and call my loans due and payable in full.

BENEFICIARIES: The following beneficiary(ies) is/are to receive the proceeds of all accounts held under the membership number established under this Card at my death. If the accounts established under this membership number are joint, the named beneficiary(ies) will receive the proceeds only after the death of all owners. Proceeds will be paid in equal shares unless different percentages are indicated here.

Name	Relationship	Address	Date of Birth	Percentage

ELECTRONIC TRANSFER SERVICES: By signing this Card, I request all of the following: Call-24 PIN, Online Banking PIN, and ATM Card (if no checking account is opened) or CheckCard (if checking account is opened). If I do not want these electronic transfer services, the following space is initialed: _____.

TAXPAYER ID CERTIFICATION (SIGNATURE REQUIRED)

I certify under penalties of perjury that (a) the Social Security Number or Individual Taxpayer Identification Number (ITIN) shown on this Card is my correct U.S. Taxpayer Identification Number, (b) I am a U.S. person, and (c) I am not subject to backup withholding because (i) I am exempt from backup withholding or (ii) 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 (iii) the IRS has notified me that I am no longer subject to backup withholding. If I am subject to backup withholding, I have initialed this space: _____. I understand the IRS does not require my consent to any term of any agreement with Tech CU except the certifications required to avoid backup withholding.

x _____ x _____ x _____
 Member Signature Joint Owner 1 Signature Joint Owner 2 Signature

By signing this Card, I certify that the information on this Card is correct and I agree that my membership in Tech CU and my accounts will be subject to this Card, Tech CU's Member Handbook, Truth in Savings Disclosures, Fee Schedules, Bylaws, and policies as amended from time to time by proper notice to me. **By joining Tech CU, I agree that if I become indebted to Tech CU in any manner (including by accessing credit Tech CU makes available to me via plastic card) and I default on my payment obligations, Tech CU can take any Tech CU shares in which I have an interest (unless prohibited by law or the share agreement) to recover all or part of my delinquent obligation without notice to me and without waiving other collection rights. This is not a pledge by me of specific shares and will not affect my right to withdraw funds prior to my default and Tech CU's exercise of its rights under this consent.**

 Member Signature Date Joint Owner 1 Signature Date Joint Owner 2 Signature Date

CREDIT UNION USE ONLY

Approved By: _____
 Date: _____