

# signature card - membership application

Account # \_\_\_\_\_

Individual Account Owner Information/Primary Member						
Social Security #		First Name		Middle	Last Name	
Street Address		Apt #	City		State	Zip Code
Mailing Address (if other than physical)		Apt #	City		State	Zip Code
Own or Rent	DL#/State	Phone Number		Work Phone	Employer	Annual Income
Preferred method of contact (circle one): <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email			Mother's Maiden Name		Code Word	Marital Status
Primary email address		Nearest relative not living with you		Relationship	Phone Number	
Are there other Products/Services you would like information on today? <input type="checkbox"/> Checking <input type="checkbox"/> Checks <input type="checkbox"/> ATM/Debit <input type="checkbox"/> VISA Credit <input type="checkbox"/> Loan Application <input type="checkbox"/> It's Me 247 -Home Banking <input type="checkbox"/> e-Statements <input type="checkbox"/> Opt In Courtesy Pay <input type="checkbox"/> e-Alerts <input type="checkbox"/> A2A Transfers <input type="checkbox"/> Certificates <input type="checkbox"/> Other _____						

Signatures & Acknowledgments	
<b>Important Information - Read Before Signing.</b>	
By signing this document I/we certify that: (1) The information provided in this application is accurate and true; (2) I/we have received our Members Disclosure and Rate/Fee Disclosure and are in agreement with terms and conditions outlined in the below mentioned disclosures and any other material pertaining to the account; (3) You have permission to use information provided in this application for member identification purposes as the credit union deems necessary; (4) I/we give authorization to obtain/furnish information from/to credit bureau and check systems for marketing, approval and/or collection purposes; (5) I/we understand that deposits in the credit union are insured to \$250,000 per account by American Share Insurance and that this institution is not federally insured and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. Accounts with this institution are not insured by any state government; (6) I/we understand the credit union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this account. The credit union may, however, pay such share draft and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, or from any other share account attached to this membership account.	
I certify that I or any joint owner <u>does not</u> engage in any cannabis industry. I certify that I or any joint owner <u>does</u> engage in the cannabis industry.	
Yes, I/we choose to receive the Important Account Information for our Members Disclosure and Electronic Fund Transfers Disclosure (each contains important information regarding credit union products, services and account holder(s) legal rights) via <b>electronic means</b> through southbaycu.com	
<b>Account Owner(s) Signatures and Substitute Form W-9</b>	
<input type="checkbox"/> Under penalties of perjury, I certify that the Social Security Number I have given you is correct, and that I am NOT subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. citizen The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.	
Signature of Individual Owner <b>X</b>	Date
Additional Owner 1 Signature (if applicable) <b>X</b>	Date
Additional Owner 2 Signature (if applicable) <b>X</b>	Date

Optional - Additional Account Owners						
Additional Account Owner1 information						
Last Name		First Name		Middle	Social Security #	
Street Address		Apt #	City		State	Zip Code
Employer		Position Held			Work Phone	Annual Income
Home Phone	Date of Birth	Relationship	Mother's Maiden Name		Email address	
Additional Account Owner2 information						
Last Name		First Name		Middle	Social Security #	
Street Address		Apt #	City		State	Zip Code
Employer		Position Held			Work Phone	Annual Income
Home Phone	Date of Birth	Relationship	Mother's Maiden Name		email address	

Optional – Designation of Beneficiary of Pay on Death (POD) Payees				
Payee #1 Full Name		Relationship	Date of Birth	Social Security # /Tax ID #
Payee #2 Full Name		Relationship	Date of Birth	Social Security # /Tax ID #
				Distribution %
				Distribution %