

Membership eligibility: Membership eligibility is subject to verification and is required prior to account opening. **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, telephone number, date of birth, social security number or tax payer identification number, employment information, drivers license or other government issued picture ID number. We may also ask to see a copy of these identifying documents.

PURPOSE

<input type="checkbox"/> New Membership	<input type="checkbox"/> Add/Remove Joint Owner(s)	<input type="checkbox"/> Add/Remove Beneficiary(ies)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Update
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ELIGIBILITY

<input type="checkbox"/> I work for or retired from a company in the air transportation industry. Name of company: _____ I also belong to this air transportation organization _____	
<input type="checkbox"/> I'm a family member of, or reside with a SkyOne member: Name _____ Relationship _____ Telephone # (____) _____ <i>Immediate family members include: spouse, sibling, parent, grandparent, grandchild, step parents, step children, step siblings, and adopted relationships.</i>	

PRIMARY MEMBER INFORMATION

Name (Last, First MI)		Date of Birth	Social Security #	
Home Address (Physical Address Only, No PO Box)		City	State	Zip Code
Occupancy Type <input type="checkbox"/> Buying/Own with Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents <input type="checkbox"/> Own - Free & Clear <input type="checkbox"/> Government Quarters <input type="checkbox"/> Other		Rent/Mortgage Payment	Years at This Address	
Mailing Address (If Different From Home Address)		City	State	Zip Code
Email Address		Home Phone		Cell Phone
Type of ID <input type="checkbox"/> Drivers License <input type="checkbox"/> State ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card		Mother's Maiden Name		For your protection, please create a security word or phrase to validate your identity when you contact us:
Drivers License / ID Number	State/Country	DL/ID Date Issued		DL/ID Expiration Date
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Active Military <input type="checkbox"/> Retired Military <input type="checkbox"/> Government/DOD <input type="checkbox"/> Other				
Occupation/Title	Employer	Years at This Job	Monthly Gross Income <input type="checkbox"/> Less than \$2,500 <input type="checkbox"/> \$2,500 - \$5,000 <input type="checkbox"/> \$5,001 - \$7,500 <input type="checkbox"/> Above \$7,500	

JOINT OWNER (1) INFORMATION

Name (Last, First MI)		Date of Birth	Social Security #	
Home Address (Physical Address Only, No PO Box)		City	State	Zip Code
Email Address		Home Phone		Cell Phone
Type of ID <input type="checkbox"/> Drivers License <input type="checkbox"/> State ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card		Mother's Maiden Name		For your protection, please create a security word or phrase to validate your identity when you contact us:
Drivers License / ID Number	State/Country	DL/ID Date Issued		DL/ID Expiration Date
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Active Military <input type="checkbox"/> Retired Military <input type="checkbox"/> Government/DOD <input type="checkbox"/> Other				
Occupation/Title	Employer	Years at This Job	Monthly Gross Income	

JOINT OWNER (2) INFORMATION

Name (Last, First MI)		Date of Birth	Social Security #	
Home Address (Physical Address Only, No PO Box)		City	State	Zip Code
Email Address		Home Phone		Cell Phone
Type of ID <input type="checkbox"/> Drivers License <input type="checkbox"/> State ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card		Mother's Maiden Name		Security Code (Any Word and Number Combination)
Drivers License / ID Number	State/Country	DL/ID Date Issued		DL/ID Expiration Date
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Active Military <input type="checkbox"/> Retired Military <input type="checkbox"/> Government/DOD <input type="checkbox"/> Other				
Occupation/Title	Employer	Years at This Job	Monthly Gross Income	

ACCOUNT OPTIONS

Please choose any other account(s) you would like to open, and indicate your initial deposit amount(s).

<input type="checkbox"/> Savings Account (\$5 minimum deposit): \$ _____ <input type="checkbox"/> Checking Account (\$20 minimum deposit): \$ _____ <input type="checkbox"/> Totally Free Checking <input type="checkbox"/> Premier Checking <input type="checkbox"/> Money Market (\$2,500 minimum deposit): \$ _____ <input type="checkbox"/> Certificate (\$500 minimum deposit): \$ _____ Term: _____ (minimum 6 months)	INITIAL DEPOSIT <input type="checkbox"/> Enclosed is my check for \$ _____ <input type="checkbox"/> Transfer \$ _____ From my SkyOne Account # _____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> I have set up direct deposit to SkyOne. <input type="checkbox"/> Square Deposit of \$ _____
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BENEFICIARIES

In the event of my death (or in the event of the death of all the joint owners if the account(s) is/are jointly held), the owner(s) hereby designate(s) as beneficiary(ies) to receive all sums in any and all account(s) established on this form:

Name of Beneficiary(ies)	SSN #	Date of Birth
(1)		
(2)		
(3)		
(4)		

AUTHORIZATION & SIGNATURE(S)

"I" and "My" mean each and every person who signs below. I hereby make application for membership in SkyOne Federal Credit Union and I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Account Agreement, All-In-One Account Disclosure, and the Schedule of Service Charges, receipt of which is hereby acknowledged and which is incorporated herein by this reference. I understand and agree that this membership application shall govern any and all accounts ("Accounts") opened whether now or in the future, under the account number set forth above.

I certify by signing below that this account will not be utilized for business purposes.

I understand if I open a Savings account, a SkyOne ATM card may be issued to the Primary and Joint Owner(s). I further understand if I open a Checking account, a SkyOne ATM/Check Card may be issued to the Primary and Joint Owner(s).

I authorize you to gather credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my accounts and related services and/or in connection with making future credit opportunities, such as pre-approved offers, available to me. Furthermore, I authorize you to give information concerning your experiences with me to others. I understand that a negative credit report may be submitted to a credit reporting agency if I fail to fulfill the terms of my Account obligations. I agree that you may retain this membership application as well as all other information you receive.

I understand this agreement is non-transferable and cannot be changed or terminated except by my written notice to the Credit Union, and such notice will not affect the transactions made prior to the notification.

CONSENT TO CONTACT BY TELEPHONE/TEXT

I agree that SkyOne, or its third parties, may contact me using any telephone/cellular number provided regarding account servicing, any requests I have submitted, or regarding offers for other products/services; contact may be made by an automated dialing system/pre-recorded voice message. I accept any costs that I may incur by my telephone service provider from your contacting me. I understand that I am not required to consent to this section to obtain products/services from you. To withhold this authorization, check this box:

TAX IDENTIFICATION NUMBER

The Taxpayer Identification Number (TIN) provided under the primary member information section must match the name provided to Social Security Administration to avoid backup withholding.

TAX CERTIFICATION

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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 (IRS) 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; and
- I am a U.S. citizen or other U.S. person.

Certification instructions. Check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

X _____	X _____	X _____
Member Signature	Date	Joint Owner (1) Signature
		Date
		Joint Owner (2) Signature
		Date
X _____	X _____	X _____
Member Name (Please Print)	Joint Owner (1) Name (Please Print)	Joint Owner (2) Name (Please Print)

OFFICE USE ONLY

Date Opened:	Opened By (provide initials):	Operator #:	<input type="checkbox"/> Walk In	<input type="checkbox"/> Mail In	<input type="checkbox"/> Online	<input type="checkbox"/> BDO
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