MINOR MEMBERSHIP APPLICATION

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 EIN, employer, driver license number or picture ID. We may also ask to see a copy of these identifying documents.

ELIGIBILITY

I am the child or grandchild of a SkyOne Federal Credit Union member.

Name of SkyOne member_____ Relationship_____ Telephone # (_____) _____

HOW DID YOU HEAR ABOUT US

I heard about SkyOne through _____ I have received a promotional code:_____

PRIMARY MEMBER INFORMATION - MINOR

Name (Last, First MI)		Date of Birth	Social Security #	
Home Address (Physical Address Only, No PO Box)	City		State	Zip Code
Mailing Address (If Different From Home Address)	City		State	Zip Code
Email Address	Home Phone		Cell Phone	
State Driver License/ID Number	DL/ID Expiration Date	Mother's Maiden Name	Security Code for Your Protection (Word, Numbers or Any Combination)	

JOINT OWNER (1) INFORMATION - PARENT OR GRANDPARENT

Name (Last, First MI)		Date of Birth	Social Security #	
Street Address	City		State	Zip Code
Email Address	Home Phone		Work Phone	
State Driver License/ID Number	DL/ID Expiration Date	Mother's Maiden Name	Security Code for Your Protection (Word, Numbers or Any Combination)	

JOINT OWNER (2) INFORMATION - PARENT OR GRANDPARENT

Name (Last, First MI)		Date of Birth	Social Security #	
Street Address	City		State	Zip Code
Email Address	Home Phone		Work Phone	
State Driver License/ID Number	DL/ID Expiration Date	Mother's Maiden Name	Security Code for Your Protection (Word, Numbers or Any Combination)	

ACCOUNT OPTIONS

Accounts opened:

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 payee(s) to receive all sums in any and all account(s) established on this form:

Name of Payee	SSN #	Date of Birth
(1)		
(2)		

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 (if applicable), receipt of which is hereby acknowledged and which is incorporated 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 will be issued to the Primary and Joint Owner(s). I further understand that when the minor is 13 years of age or older, a Checking account may be opened and a SkyOne ATM/Check Card will 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.

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:

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), and

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 (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

3. I am a U.S. citizen or other U.S. person and

4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 - **Minor**   Date   Joint Owner (1) Signature - **Parent/Grandparent** Date   Joint Owner (2) Signature - **Parent/Grandparent** Date

Note: If minor is unable to sign, please sign in this format: [Child's Name], by [Parent/Guardian Name], [Relationship to Child].
For example, if your name is Brenda Smith and you're the mother of your child, John Smith, you would sign "John Smith, by Brenda Smith, mother".

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