

## 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
Home Phone	Cell Phone	Work Phone	Email Address	
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

## ACCOUNT AGREEMENT

I/We are applying for membership in SkyOne Federal Credit Union also referred to as SkyOne FCU or Credit Union. I understand membership eligibility is subject to verification and understand that I must fall under one of the following member groups: Must either (1) work for qualified SEG; (2) be immediate family member or roommate of SkyOne member; (3) live, work/regularly conduct business, worship, or go to school in qualified area around SkyOne Main Branch; or (4) become a member of either Friends of Madrona Marsh (for Southern California residents) or Surfrider Foundation (all other locations).

I understand and agree that if I do not fall within the member eligibility groups 1-3 above, I agree to become a member of Friends of Madrona Marsh (FOMM) Surfrider Foundation. SkyOne Federal Credit Union will pay for one years membership with either of these non-profit organizations on my behalf. I can then decide on my own if I would like to renew my membership after the first year.  I agree.  \_\_\_\_\_

### MEMBER SIGNATURE

I/We 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 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 any joint owner or beneficiary(ies) located on the reverse side of the membership application will be added to my account and will have complete access to all of my account information. 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.

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 in determining my initial and ongoing eligibility for my accounts and related services and/or in connection with making future credit opportunities available to me. 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.

### CONSENT TO CONTACT FOR NON-MARKETING PURPOSES

I agree that SkyOne Federal Credit Union, including its service provider or third parties calling on the Credit Union's behalf, may contact me through calls and/or text messages to the telephone number(s) provided in this Application regarding non-marketing or informational purposes, including but not limited to, account servicing, any requests I have submitted, or collection of amounts I owe. Such telephonic contact may be made by, but is not limited to, an automated telephone dialing system or prerecorded/artificial voice messages. I acknowledge and accept any costs or charges that I may incur through my telephone service provider from such Credit Union communications.

I understand that I may revoke this consent at any time by notifying the Credit Union by mailing a letter to SkyOne Federal Credit Union, **PO Box 5003 Hawthorne, CA 90251-9801**, by emailing us at [memberservice@SkyOne.org](mailto:memberservice@SkyOne.org), or by calling us at **1.800.421.7111**.

### CONSENT TO CONTACT FOR MARKETING PURPOSES

I agree that SkyOne Federal Credit Union, including its service provider or third parties calling on the Credit Union's behalf, may contact me through calls and/or text messages to the telephone number(s) provided in this Application regarding offers for other products/services. Such telephonic contact may be made by, but is not limited to, an automated telephone dialing system or prerecorded/artificial voice messages. I acknowledge and accept any costs or charges that I may incur through my telephone service provider from such Credit Union communications. I understand that I am not required to provide consent as a condition to obtaining products or services from the Credit Union.

I understand that I may revoke this consent at any time by notifying the Credit Union in writing of my desire to revoke consent for marketing communications by mailing a letter to SkyOne Federal Credit Union, **PO Box 5003 Hawthorne, CA 90251-9801**, or by emailing us at [memberservice@SkyOne.org](mailto:memberservice@SkyOne.org).

I understand and agree to the terms and conditions specified above for marketing communications.  I agree.  \_\_\_\_\_

### MEMBER SIGNATURE

### CERTIFICATION

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. 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.

### US PATRIOT ACT

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. 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. At our discretion, we may ask to see a copy of these identifying documents.

X \_\_\_\_\_ X \_\_\_\_\_

Member Signature

Date

Joint Owner Signature

Date

## JOINT OWNER INFORMATION

Name (Last, First MI)		Date of Birth	Social Security #	
Home Address (Physical Address Only, No PO Box)		City	State	Zip Code
Home Phone	Cell Phone	Work Phone	Email Address	
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	

## 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)	Relationship	Date of Birth
(1)		
(2)		
(3)		

## ACCOUNT OPTIONS

Choose the account(s) you would like to open, and include your initial deposit amount(s). Your Debit Card will be automatically mailed to you.

<input type="checkbox"/> Savings Account (\$5 minimum deposit): \$ _____	<input type="checkbox"/> Check here if you would like an ATM card.	<input type="checkbox"/> Check here if you would like an ATM card for the Joint Owner.
<input type="checkbox"/> Checking Account (\$20 minimum deposit): \$ _____	<input type="checkbox"/> Totally Free Checking	<input type="checkbox"/> Premier Checking

## OFFICE USE ONLY

### PURPOSE

- New Membership  
  Add/Remove Joint Owner(s)  
  Add/Remove Beneficiary(ies)  
  Name Change  
  Update

### ELIGIBILITY VERIFICATION

Applicant Name: \_\_\_\_\_ Verified By: \_\_\_\_\_

SEG Employee: SEG Name \_\_\_\_\_ SEG Location (Regional SEGs Only) \_\_\_\_\_

Immediate family member or roommate of a SkyOne member: SkyOne Member \_\_\_\_\_  
 Relationship \_\_\_\_\_ Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_

Lives, works/regularly conducts business, worships or goes to school in the qualified area around the SkyOne Main Branch:

- Lives** – we'll reference the Home Address above  
 **Works/regularly conducts business** – Name of Business: \_\_\_\_\_  
 **Worships** – Place of Worship: \_\_\_\_\_  
 **Goes to school** – Name of School: \_\_\_\_\_

NALN Member will pay the fee of \$20.00 FOMM or \$25.00 Surfrider Foundation.

Member of the non-profit association \_\_\_\_\_ . SkyOne FCU will pay the fee of \$20.00 FOMM or \$25.00 Surfrider Foundation.

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