

I/We am/are applying for membership in Priority One Credit Union. My/Our application includes the request to open the following accounts/services subject to the terms of the Master Account Disclosure and any other service disclosures which are incorporated by reference.

- | | | |
|---|---|---|
| <input type="checkbox"/> Regular Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Holiday Club |
| <input type="checkbox"/> Term Certificate _____months | <input type="checkbox"/> Priority Checking | <input type="checkbox"/> Overdraft Protection (see reverse) |
| <input type="checkbox"/> PriorityOne@Home/Bill Pay | <input type="checkbox"/> Convenience Checking | |

Primary Owner Name (please print)		Mother's Maiden Name		
()	()			
Home Phone	Work Phone	Driver's License #	Birthdate	
Current Street Address		City	State	Zip
How are you eligible for membership?			E-Mail Address	
Joint Owner #1 Name (please print)		Mother's Maiden Name		
Driver's License #	Joint Owner's Social Security Number	Birthdate		
Joint Owner #2 Name (please print)		Mother's Maiden Name		
Driver's License #	Joint Owner's Social Security Number	Birthdate		
Joint Owner #3 Name (please print)		Mother's Maiden Name		
Driver's License #	Joint Owner's Social Security Number	Birthdate		

Request for Taxpayer Identification Number (TIN)

1. You must provide us with both your correct name and Taxpayer Identification Number (TIN) as they appear on file with the Social Security Administration.
2. You must cross out item (2) below if you have been notified by the IRS that you are subject to backup withholding. However, if after being notified by the IRS that you were subject to backup withholding you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2).
3. You agree that the TIN you provide below will be deemed by the credit union as your TIN for any and all accounts maintained by us in your name.

Enter your Taxpayer Identification Number. For most individual taxpayers this is your **Social Security Number**.

Certification: Under penalties of perjury, I certify (1) that the number shown on this form is my correct Taxpayer Identification Number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

X _____
Signature (do not print) _____
Date

BECOMING A MEMBER IS EASY

Print out and complete the attached application and make an initial deposit of \$50 plus your one-time membership fee of \$5, for a total of \$55. Please make your checks payable to Priority One Credit Union.

You will remain a member for life as long as you maintain a \$50 balance in your savings account.

Bring your application and deposit to the credit union or mail it to the address listed on the back of this brochure. Please be sure to bring/send a copy of your state-issued Driver's License or Photo Identification.

Upon approval, you will automatically receive a Visa DebitCard or ATM card and access to Priority One Connect, our automated account services by phone system.

← If there will be a joint owner(s) on your account, the joint owner(s) must complete the joint ownership section.

← It is very important that the Taxpayer Identification Number you provide is correct as this number will be used for reporting all tax information to the IRS.

Designation of Beneficiary

The following beneficiary(ies) is/are to receive the proceeds of my account at my death. If this is a joint account, the beneficiary is to receive it only after both owners die. If there is more than one beneficiary and any beneficiary does not survive the account owners, the surviving beneficiaries are to share the deceased beneficiary's interest according to the stated percentages.

Name _____ Address _____ %

Name _____ Address _____ %

Name _____ Address _____ %

Checking Account Overdraft Option

Overdraft will be the actual amount needed to pay such check. Put a number (1-2-3) for the order in which you want the overdraft to be covered. For example, 3-1-2 or 2-3-1, etc.

_____ Savings _____ Priority One Credit Line _____ Visa Card _____ No Overdraft

All loans are subject to credit approval. Priority One Credit Line and Visa cards are subject to the terms and conditions contained in the Priority One Credit Line Loan Agreement and Disclosure and/or Visa Disclosure, which are incorporated by this reference.

Product/Service Information Request

I would like to request applications/information on the following services:

- | | | |
|---|---|--|
| <input type="checkbox"/> Loans/Visa Credit Card | <input type="checkbox"/> Home Banking/Bill Pay | <input type="checkbox"/> Platinum Club (over 55) |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Direct Deposit/Payroll Deduction | <input type="checkbox"/> P1-4k (newborn to 21) |
| <input type="checkbox"/> Visa DebitCard | <input type="checkbox"/> Family Membership | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ATM Card | | |

Account Agreement and Membership Application

I hereby make application for membership in, and agree to conform to the by-laws (as amended) of Priority One Credit Union which is authorized to recognize any of the signatures below in the payment of funds or the transaction of any business on this account. The parties to this account agreement agree with each other and with the credit union that all shares/savings in this account shall be owned as follows:

- Individual Account** - This account or certificate is owned by the named party. Upon the death of that party, ownership passes to the named beneficiary(ies).
- Joint Account** - This account or certificate is owned by the named parties. Upon the death of any of them, ownership passes to the survivor(s). Upon the death of all of them, ownership passes to the named beneficiary(ies).

In this Signature Card "I" and "My" mean each and every person who signs below. "You" and "Your" mean Priority One Credit Union. If I am not currently a member, I hereby make application for membership in Priority One Credit Union. I understand that upon approval, I will be issued a Visa Debit Card or ATM Card and given access to the Priority One Connect audio response system. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Account Agreement and Truth in Savings Disclosure, the Term Share Certificate Disclosure and Agreement (if applicable) and Electronic Funds Transfer Agreement and Disclosure Statement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Signature Card shall govern the Regular Savings, the Checking Account, the Visa Debit Card or ATM Card and Priority One Connect audio response service and other accounts designated herein. I authorize you to open other account(s) for me in person or per my telephone request.

I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Signature Card and any other information you may receive and that I waive my right to confidentiality of my records with the California Department of Motor Vehicles (DMV) and authorize you to obtain such information from the DMV.

_____ I am aware of the early closure fee that is imposed if my account is closed within the first 6 months of its original opening.
Initials

_____ I have received all account/services disclosures.
Initials

Primary Owner's Signature X	Date	Joint Owner #1 Signature O	Date
Joint Owner #2 Signature O	Date	Joint Owner #3 Signature O	Date

For Credit Union Use Only

Prepared By _____ Date _____
The application for membership on the reverse hereof approved by the following Priority One officer:
X _____ Date _____
Signature/Title

← BENEFICIARY

Your designated beneficiary will receive proceeds from this account should all account owners die. It is not necessary to list Joint Owners of your account as beneficiaries.

← OVERDRAFT PROTECTION

To request overdraft protection for your checking account, complete this section.

← SERVICES

Check here to request more information on Priority One's valuable services.

← ACCOUNT OWNERSHIP

Indicate your account ownership as Individual or Joint.

SIGNATURES

← Please read this disclosure regarding your account. As the Primary Owner, sign the bold **X**. Joint member/Owner(s) should sign at the bold **O**.