

Account Number:

(For Credit Union Use Only)

Please enclose a minimum deposit of \$5.00 (\$5.00 refunded when account is closed) to purchase one share and open this account.

Services Requested (Please check **ALL** that apply)

You may access your account by using a personal computer (via the Internet), the telephone or an access device. All of which are available twenty-four hours a day, seven days a week. Please select the services you require:

- Savings Account Checking Account ATM Card VISA Check Card
 Home Banking

What is this Application for?

- NEW NAME CHANGE ADD/REMOVE SERVICE ADD/REMOVE JT. OWNER

Member Application / Primary Account Owner

Primary Member Name: _____ Social Security Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: _____

Home phone: _____ Work phone: _____

Mother's maiden name: _____ Driver's License number: _____ State: _____

Employer: _____ E-Mail address: _____

How did you hear about Oregon Pioneer FCU?

- Walk in/ Sign Website
 Auto dealer _____ Advertising in _____
 Referral from _____ Facebook, Twitter, etc
 Realtor _____ Other _____

Reference (For Primary Account Owner)

Nearest relative not residing with you: _____ Name: _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Membership Eligibility

- I hereby make application for membership in Oregon Pioneer Federal Credit Union. I am eligible for membership through:
 Lives Works Attends School Worships in Clackamas County, Oregon.
 Family Member of Oregon Pioneer Credit Union Member (Family member must be primary member)

Name of family member: _____

Relationship: _____

Joint Account Owner

Please designate any joint account owner. Designation of one or more joint account owners creates a multiple party account with rights of survivorship. All account owners must sign application.

Joint Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Social Security Number: _____

Home Phone: _____

Work Phone: _____

Mother's maiden name: _____

Drivers License number: _____

State: _____

Employer: _____

E-Mail address: _____

Account Designation

Payable on Death

Name: _____

Name: _____

First Beneficiary to receive _____%

Second Beneficiary to receive _____%

Phone number: _____

Phone number: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

SSN/TIN Certification and Backup Withholding Information

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalty of perjury, that the Social Security Number (SSN) / Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding

Exempt

I am not a US citizen (complete W-8 form)

Authorization

By signing below, I/We acknowledge the request for the services checked. I/We certify that : I am within the field of membership for this Credit Union; the information provided on this application is true and correct; and that my signature on this sheet applies to all accounts under my name at this Credit Union. I/We agree to the terms and conditions of the Membership and Account Agreement, Exchange Agreement, Check Guarantee Agreement, VISA Check Card Agreement, Funds Availability Policy Disclosure, the Access Device Statement and Disclosure, and any amendments which may be made by the Credit Union. I/We further agree to the terms and conditions and acknowledge receipt of all Agreements and Disclosures applicable to the accounts and services requested. If an ATM card or EFT services have been requested and provided, I/We agree to the terms and conditions and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We authorize the Credit Union to communicate with CHEX Systems and /or EQUIFAX Credit Services. I/We understand that my/our identity will be verified in accord with the Credit Union's legal obligation in compliance with the USA Patriot Act.

Signature _____

Date _____

Signature _____

Date _____

For Credit Union Use Only

Date of Membership _____

Membership Officer Approval _____