

Credit Union Use Only – Do not write in this area!

Today's Date _____

Last Name _____ First _____ Initial _____

Account # _____ Primary Amendment Update

Reason _____

Alliance Credit Union – Master Membership and Account Card

*This is a permanent record. Please complete it carefully in **black ink only**.*

IMPORTANT NOTICE: To help the government fight terrorist funding and money laundering, federal law requires 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, birth date and other information that will allow us to identify you. We will ask to see your driver's license or other identifying document.

MEMBERSHIP OPTIONS (check one of the following options)

SINGLE OWNER ACCOUNT: Member will be sole owner if account. Funds pass at death to named POD beneficiary(ies), if any, otherwise to owner's estate.

JOINT OWNER ACCOUNT: Member and named joint owner(s) will own jointly with right of survivorship funds in all accounts opened under member number except IRA and fiduciary. Any one owner acting alone can withdraw funds or give instructions on the account. Funds pass to remaining owner(s) after death of any owner. Alliance Credit Union does not honor multiple signature instructions. See the Handbook for more information.

PRINT NAME (FIRST, MIDDLE INITIAL, LAST)		BIRTH DATE
RESIDENCE ADDRESS (PHYSICAL STREET ADDRESS REQUIRED)		HOME TELEPHONE
CITY, STATE, ZIP		WORK TELEPHONE
MAILING ADDRESS (ONLY IF DIFFERENT FROM PHYSICAL ADDRESS)		
SOCIAL SECURITY/TAXPAYER ID#	DRIVER'S LIC./OTHER ID# AND STATE	SECOND FORM OF IDENTIFICATION
EMPLOYER	OCCUPATION/TYPE OF BUSINESS	MOTHER'S MAIDEN NAME
EMAIL ADDRESS		

JOINT OWNER #1 - PRINT NAME (FIRST, MIDDLE INITIAL, LAST)		BIRTH DATE
RESIDENCE ADDRESS (PHYSICAL STREET ADDRESS REQUIRED)		HOME TELEPHONE
CITY, STATE, ZIP		WORK TELEPHONE
SOCIAL SECURITY/TAXPAYER ID#	DRIVER'S LIC./OTHER ID# AND STATE	SECOND FORM OF IDENTIFICATION
EMPLOYER	OCCUPATION/TYPE OF BUSINESS	MOTHER'S MAIDEN NAME

JOINT OWNER #2 - PRINT NAME (FIRST, MIDDLE INITIAL, LAST)		BIRTH DATE
RESIDENCE ADDRESS (PHYSICAL STREET ADDRESS REQUIRED)		HOME TELEPHONE
CITY, STATE, ZIP		WORK TELEPHONE
SOCIAL SECURITY/TAXPAYER ID#	DRIVER'S LIC./OTHER ID# AND STATE	SECOND FORM OF IDENTIFICATION
EMPLOYER	OCCUPATION/TYPE OF BUSINESS	MOTHER'S MAIDEN NAME

PAY-ON-DEATH BENEFICIARY DESIGNATION: If more than one beneficiary is listed, beneficiaries will receive account proceeds in equal shares unless another percentage is indicated.

NAME	RELATIONSHIP	BIRTH DATE
ADDRESS	CITY, STATE, ZIP	%
NAME	RELATIONSHIP	BIRTH DATE
ADDRESS	CITY, STATE, ZIP	%

ELIGIBILITY: There are four ways you may become eligible for membership in Alliance Credit Union. Please check the appropriate box below, complete the information requested and provide proof.

1) Community eligibility: Anyone who lives (county) _____, works (county) _____, worships (name and address for place of worship) _____, or attends school (name and address) _____ in the California counties of Santa Clara, San Mateo, Alameda, and/or in the North Carolina counties of New Hanover, Pender, Brunswick.

2) Company eligibility: List company name _____

3) Family eligibility*: Name of current member _____ Relationship _____ Their account # _____

4) Household eligibility: any person who shares the residence and helps maintain a single economic unit of an existing member. Name of current member _____ Their account # _____

*Spouse, child, sibling, parent, parent-in-law, grandparent, grandchild, stepchild, stepparent, step sibling, adopted child, foster child, brother- or sister-in-law, aunt, uncle, aunt- or uncle-in-law, niece, nephew, or cousin of an existing member.

CHECKING ACCOUNT OVERDRAFTS: If any of the following are presented on a checking account when neither sufficient funds nor overdraft protection via line of credit or share transfer are available to pay the transaction the Credit Union can at its discretion pay or return the following items and charge a paid or returned NSF Fee: checks, automatic payments out of your account to third parties, debit card purchase transactions, online bill payments, or any other payments or withdrawals authorized by you. The Credit Union is never obligated to pay an item presented against insufficient funds. If you prefer the Credit Union return rather than pay items presented against insufficient funds, initial here: _____."

SENIOR FOREIGN POLITICAL FIGURE: Is any owner a senior foreign political figure or close associate of a senior foreign political figure? YES NO If yes, please state the country: _____ Do you anticipate foreign wire activity on this account? YES NO If yes, please state the country, frequency, and approximate amounts: _____

ADDITIONAL SERVICE REQUESTS: Please indicate the additional services you want by checking the following:

- ATM Card (available for members without a checking account)
- Paper Statements (all members automatically receive eStatements through Online Banking)

MEMBERSHIP CARD AGREEMENT

By signing this Card, I agree to comply with all terms stated on this Card, in Alliance Credit Union's Master Account Disclosure and Agreement (including the Truth in Savings Disclosure), in the Credit Union's bylaws and procedures, and applicable law as amended from time to time. I agree that the Credit Union may check my credit and account history with third parties such as credit bureaus in connection with opening, maintaining and enforcing terms of credit and account services established for me. I acknowledge receipt of the Master Account Disclosure Agreement and Truth in Savings Disclosure.

I authorize the Credit Union to make internal transfers between my accounts (including automatic overdraft protection if applicable), or to disburse funds out of my account by Credit Union check made payable to any signer on my request. This is a continuing authorization to open any other account for me on my verbal request.

If this is an updated amended Card, it revokes all prior authorizations regarding accounts established under this member number. The authorizations on this Card can be changed only by completing another updated or amended Card. The authorizations on the most recent correctly completed Card supplied to the Credit Union will be controlling.

I declare under penalty of perjury that (a) the taxpayer ID/social security number I have provided on this Card is correct, (b) I am a U.S. person (including resident alien), and (c) either (1) I am exempt from backup withholding, (2) I have never been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding due to failure to report all dividends or interest, or (3) the IRS has notified me that I am no longer subject to backup withholding. The IRS does not require my consent to any term of any agreement with the Credit Union except the certifications required to avoid backup withholding.

X _____ MEMBER SIGNATURE DATE

X _____ JOINT OWNER #1 SIGNATURE X _____ JOINT OWNER #2 SIGNATURE

I am subject to backup withholding: _____ (Initial) _____ DATE

CREDIT UNION USE ONLY
 How member heard about ACU: Advertising Referral CBP (code) _____ Other _____
 OFAC Date _____ CS _____ Record Info. _____ CIP Verification Completed _____
 Account Opened by: Financial Center Mail Internet CUDL CBP
 Initials _____ TLR# _____ Date _____ Financial Center _____
 Amended by: Initials _____ TLR# _____ Date _____ Officer's Approval _____



P.O. Box 18460
 San Jose, CA 95158
 (408) 445-3386

237 Racine Drive
 Wilmington, NC 28403
 (800) 232-8669



All accounts federally insured to \$250,000 by the National Credit Union Administration, a U.S. Government Agency. 1/10