



Application for Membership

Fill out this application complete and send to:
Mailing Address: PO Box 5073, Livermore, CA 94551
Fax Number: 925-454-4004

Please include photocopies for all identification used on this application.

New Membership **Updated Membership**

Member Number: _____

USA PATRIOT ACT NOTICE: To help the government fight 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. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

Primary Member (PLEASE PRINT – All items must be completed)

First Name	Last Name	Middle Initial	Photo ID Type
Physical Address	City	State ZIP	ID Number
Mailing Address	City	State ZIP	Issue State/Country
Home Phone	Cell Phone	Email Address	Issue Date Expiration Date
Tax ID/SSN	Date of Birth	Mother's Maiden Name	Employer Name Occupation

Joint Owner (PLEASE PRINT – All items must be completed)

First Name	Last Name	Middle Initial	Photo ID Type
Physical Address	City	State ZIP	ID Number
Mailing Address	City	State ZIP	Issue State/Country
Home Phone	Cell Phone	Email Address	Issue Date Expiration Date
Tax ID/SSN	Date of Birth	Mother's Maiden Name	Employer Name Occupation

Membership Eligibility (I am eligible for membership based on the following)

- Union Name:** _____ **Local Number:** _____
- Family Member:** _____ **Relationship:** _____ **Phone Number:** _____
- I am a Credit Union Employee**

Accounts to Open (Check all that apply)

- Primary Savings Share Certificate Term: _____ months Checking Account Money Market
- I have included a check in the amount of \$ _____ for the opening deposit(s).
- Transfer \$ _____ from Membership # _____, account # _____ for the opening deposit(s).

International Transactions

Do you anticipate foreign transaction activity on this membership? Yes No

Checking Overdraft Protection (Complete only if opening a checking account)

Instructions: Indicate the number of the account(s) you wish to debit in the event of an overdraft. Transfers are made in increments of \$50 up to the available balance, with an associated fee of \$3 per transfer. Transfers made from a Visa account are considered cash advances and accrue interest from the date the transaction posts. If an overdraft option is not selected, checks may automatically be returned. Overdrafts are to be covered by transferring funds from:

Overdraft Source 1: _____ Overdraft Source 2: _____ I do not want Overdraft Protection at this time

Pay-On-Death Beneficiaries (PLEASE PRINT)

Instructions: Upon the death of the last surviving owner of the account(s) covered by this application, funds will be payable to the individual(s) named below at the percentage designated. If no percentages are shown, distribution will default to equal division. Percentages must equal 100%.

_____ % _____
Full Name (First and Last) Address (Street, City, State, ZIP) SSN (If known) Date of Birth

_____ % _____
Full Name (First and Last) Address (Street, City, State, ZIP) SSN (If known) Date of Birth

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this membership: _____

Membership Application and Agreement

By completing this application, the undersigned requests new or updated membership in OE Federal Credit Union. I/we agree that this membership shall be my/our master account. I/we authorize the opening of any requested accounts and have provided the minimum required deposit(s) for each. I/we agree to abide by the laws and bylaws in all dealings with OE Federal Credit Union. The information contained in this application is true and complete. You are authorized to check my/our credit history, including verification of information in this application through the use of consumer reporting agencies. I/we acknowledge receipt of and agree that all of my/our OE Federal Credit Union accounts will be subject to the Account/Truth in Savings Disclosure and Fee Schedule as amended from time to time. I/we understand and agree that all sub-accounts opened under this agreement will be established with the same ownership and beneficiaries as stated on this application. I/we agree that should I/we request to establish a different ownership and/or beneficiaries, I/we understand that I/we must establish a new master account and sign a new master agreement and documents.

I/we authorize OE Federal Credit Union to call or send a SMS (text) message to me/us at any number I/we provide or at any number at which OE Federal Credit Union reasonably believes they can contact me/us, including calls to cellular, or similar devices, and including calls using automated telephone dialing systems and/or prerecorded messages, for any lawful purpose. Numbers I/we provide include numbers I/we give OE Federal Credit Union and/or numbers from which I/we call OE Federal Credit Union.

By signing below, I/we certify under penalty of perjury that my Taxpayer ID/Social Security Number provided in this application is correct and that I/we am/are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the IRS that you are subject to backup withholding, or (c) the IRS has notified you that you are no longer subject to backup withholding. I/we are subject to backup withholding because I/we have failed to report all interest or dividends on my/our tax return. I/we also certify that I/we am/are a U.S. person (includes U.S. resident alien). The IRS does not require my consent to any provisions of the application other than the certification to avoid backup withholding.

X _____
Primary Member Signature Date

X _____
Joint Owner Signature Date

Credit Union Use Only

Processed by:

Primary Member OFAC
Joint Owner OFAC
Beneficiary OFAC

Audited by Membership Officer:

eFunds Existing Member

Credit Union Employee
 Credit Union Employee

Beneficiary OFAC Existing Member