

## **MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT**

**MEMBERSHIP NUMBER:** 

all RCU accounts I establish will closure and Cost Recovery Sched bunts established under this app t accounts with right of survivoring alone, can withdraw all fund- bunts consistent with the Disclo	Membership or any oth II be subject to the term dule which are amended plication, except individually in the death of s from accounts established in the second of funds. If I make misles	er RCU p s of the d from ti ual retire f one ow shed und plication eading s	product or service RCU Membersh ime to time. Unle ment or fiducial rer, the other of der this Applicate, I give RCU a cotatements regains	ce, and to manage and ip and Account Discloress only one person sury accounts, (which rowner(s) will automation. RCU can process ontinuing authorization ding my membership	y loans I may have with RCU. I ag osure ("Disclosure"), Truth in Savi signs this application, any RCU equire separate applications) wil tically own all accounts. Any own
Primary Member Signature	Da	te	Joint M	ember Signature	Date
Joint Member Signature	Da	te			
DESIGNATION OF BENEFICIA	RIFS				
paid in equal shares unless d  FULL NAME: (FIRST, MIDDLE, LAST)  FULL NAME: (FIRST, MIDDLE, LAST)	ifferent percentages ar	re indica	ated here.		PERCENTAGE (%) PERCENTAGE (%)
FULL NAME: (FIRST, MIDDLE, LAST)					PERCENTAGE (%)
PRIMARY MEMBER INFORMATI	ION		MIDDLE INITIAL	LAST NAME	
FIRST IVAIVIE			WIIDDLE INITIAL	LAST NAIVIE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMPLOY	ER	OCCUPAT	FION
RESIDENCE STREET ADDRESS	<u> </u>				
RESIDENCE STREET ADDRESS  CITY		<u> </u>	STATI	<u> </u>	ZIP CODE
	)		STATI	<u> </u>	ZIP CODE
СІТУ	)		STATI  EMAIL ADDRESS	E	ZIP CODE



## **MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT**

FIRST NAME			MIDDLE INITIA	L	LAST NAME				
SOCIAL SECURITY NUMBER	DATE OF BIRTH		EMPLOYER				OCCUPATION		
RESIDENCE STREET ADDRESS									
CITY				STATE				ZIP CODE	
CITY			STATE			ZIP CODE			
MAILING ADDRESS (IF DIFFERENT FROM ABOV	√E)			I				1	
HOME TELEPHONE NUMBER		WORK TE	WORK TELEPHONE NUMBER			EMAIL ADDRESS			
IDENTIFICATION NUMBER (I.E., DRIVERS LICENSE NUMBER)			ID TYPE: (E.G, DRIVERS LICENSE, MILIT			NRY ID)			EXPIRATION DATE
JOINT MEMBER INFORMATIO	N	I	MIDDLE INITIA	L	LAST NAME				
SOCIAL SECURITY NUMBER D	ATE OF BIRTH	E	MPLOYER				OCCUPATION		
RESIDENCE STREET ADDRESS									
CITY				STATE				ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM ABOV	/F\								
INIAILING ADDRESS (IF DIFFERENT FROM ABOV	vE)								
HOME TELEPHONE NUMBER		WORK TELEPHONE NUMBER				EMAIL ADDRESS			
IDENTIFICATION NUMBER (I.E., DRIVERS LICEN	NSE NUMBER)		ID TYPE	: (E.G, D	RIVERS LICENSE,	MILITARY ID)			EXPIRATION DATE
ite W-9 Certification: I certify ur spayer Identification Number, (k ding, or (ii) I have not been noti Ill interest or dividends, or (iii) ti Account Tax Compliance Act (F.	b) I am a U.S ified by the I he IRS has n	5. person Internal i otified n	, (c) I am n Revenue So ne that I ar	ot sub ervice n no le	oject to bacl that I am so onger subje	kup withho ubject to bo ect to backu	ickup wit p withho	hholding Iding and	as a result of a faild (d) I am exempt fro
stand the IRS does not require nackup withholding.	ny consent t	to any te	rm of any (	agreei	ment with F	Redwood Ci	redit Unio	on except	the certifications re
Member Signature		D	ate						
				addr	occ date of	hirth and a	thar infa	rmation t	nat will identify eac
REQUIRED BY USA PATRIOT AC ns this application. RCU can ask to sources, such as consumer repo	to see your i	identifyir	ng docume	nts. W	e may retai	in copies of	your ider		

**1** (800) 479-7928

⊕ redwoodcu.org