



SAN JOAQUIN POWER EMPLOYEES CREDIT UNION

PLEASE COMPLETE THE MEMBERSHIP APPLICATION AND RETURN WITH:

1. \$5.00
2. Proxy Card
3. Copy of Driver's License for member and joint member

If the name on the membership application does not match the name on the driver's license, we must have an explanation with proof of name change.

If the address on the membership application does not match the address on the driver's license please provide verification of address by providing: utility statement, credit card statement, bank statement or paystub.

4. Physical address is required for all members – P.O. Boxes are acceptable for mailing purposes only.
5. Work address
6. PG&E paystub

TRUST AS BENEFICIARY:

7. Copy of the Trust
8. Copy of Driver's License for Trustees and Successor Trustees

MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT

ACCT. NO. _____ MEMBER NAME _____ DATE _____

NEW MEMBER INDIVIDUAL ACCOUNT JOINT ACCOUNT

SHARE ACCOUNT _____ (Date Opened) _____ (Account Type) _____ (Date Opened) _____ (Account Type) _____ (Date Opened)

* THIS CARD MAY BE USED FOR MULTIPLE ACCOUNTS ONLY IF: 1) ALL ACCOUNTS LISTED ABOVE ARE INDIVIDUAL ACCOUNTS OF THE MEMBER; OR 2) ALL ACCOUNTS LISTED ABOVE ARE OWNED BY ALL JOINT OWNERS SHOWN BELOW. ANY CHANGES AND/OR THE ADDITION OF A NEW ACCOUNT(S) REQUIRES THE CONSENT AND SIGNATURE OF ALL JOINT OWNERS. FOR ADDITIONAL ACCOUNTS OF THE MEMBER WITH OWNERSHIP OTHER THAN THAT SHOWN BELOW, A SEPARATE SIGNATURE CARD MUST BE USED.

I/WE HEREBY MAKE APPLICATION FOR MEMBERSHIP IN AND AGREE TO CONFORM TO THE BY-LAWS (AS AMENDED) OF THE **SAN JOAQUIN POWER EMPLOYEES CREDIT UNION.**

ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE

By signing below, I/we acknowledge that I/we have received a copy of the Credit Union's Truth-in-Savings Disclosure ("Disclosure") and that I/we have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporated in their entirety into this membership application and account agreement ("Application"). I/we authorize the Credit Union to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I/we agree to be bound by the terms and conditions of the Disclosure and Application. I/we understand that the Credit Union may verify all information I/we have given on the Application.

X _____ DATE _____ **X** _____ DATE _____
MEMBER SIGNATURE JOINT OWNER SIGNATURE

MEMBER INFORMATION

MEMBER NAME (PLEASE PRINT) _____ SOCIAL SEC. NO. _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____ PERSONAL EMAIL ADDRESS _____
TYPE OF IDENTIFICATION (EXP. DATE) _____ DATE OF BIRTH _____ MOTHER'S MAIDEN NAME _____
EMPLOYER _____ OCCUPATION _____
COMPANY ADDRESS _____ CITY _____ STATE _____ ZIP _____
COMPANY EMAIL ADDRESS _____ DATE EMPLOYED _____ SAP ID NO. _____

JOINT OWNER INFORMATION

MEMBER NAME (PLEASE PRINT) _____ SOCIAL SEC. NO. _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____ PERSONAL EMAIL ADDRESS _____
TYPE OF IDENTIFICATION (EXP. DATE) _____ DATE OF BIRTH _____ MOTHER'S MAIDEN NAME _____
EMPLOYER _____ OCCUPATION _____
COMPANY ADDRESS _____ CITY _____ STATE _____ ZIP _____
COMPANY EMAIL ADDRESS _____ DATE EMPLOYED _____ SAP ID NO. _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the 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. What this means for you: 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 may also ask to see your driver's license or other identifying documents.

DESIGNATION OF BENEFICIARY (PAY-ON-DEATH PAYEE)

SHARES BENEFICIARY (member)
In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account(s).

NAME OF BENEFICIARY	ADDRESS

MEMBER SIGNATURE **X** _____

SHARES BENEFICIARY (joint owner)
In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account(s).

NAME OF BENEFICIARY	ADDRESS

JOINT OWNER SIGNATURE **X** _____

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NO.: Name _____

PART I. Taxpayer Identification Number (TIN). Enter your TIN in the box below. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refer to the W-9 Form, Specific Instructions, Part I. For other entities, it is your employer identification number (EIN). If you do not have this number, see Instructions How to get a TIN in the W-9 Form, Specific Instructions.
NOTE: If the account is in more than one name, see the chart on the W-9 Form, Specific Instructions.

Social Security No. or Employer I.D. Number: _____

PART II. Certification. Under penalties of perjury I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Form, General Instructions).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See Certification Instructions in the W-9 Form).
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

Signature: X _____ Date: _____
(Signature of the person whose TIN is stated above)

- FOR CREDIT UNION USE ONLY -
Include name of system used to verify Member information: _____ This Application for Membership as to Member Joint Owner Approved By: _____
System: _____ Date _____ Signature: _____ Date _____

TO SAN JOAQUIN POWER EMPLOYEES CREDIT UNION:

I hereby delegate your Board of Directors by majority vote to appoint a proxy to represent me at all meetings of the members of this Credit Union, and to vote for me in my name on all questions and elections coming before said meetings. This Proxy shall remain in force for 3 years from date, unless cancelled in writing. I reserve the right to withdraw this Proxy from any meeting I attend in person.

Date _____

Signature _____

Street _____

City _____



ACH AUTHORIZATION FORM

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBIT)

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I authorize SAN JOAQUIN POWER EMPLOYEES CREDIT UNION (SJPECU) to electronically initiate entries to my account at the financial institution listed below and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until SJPECU is notified by me in writing to cancel it in such time as to afford SJPECU and the financial institution a reasonable opportunity to act on it.

Choose One: NEW ACH CHANGE ACH CANCEL ACH

FINANCIAL INSTITUTION

Name: _____
 Address: _____

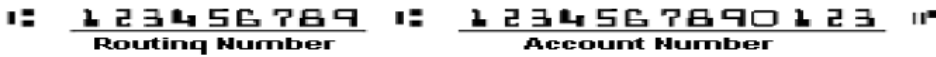
*****Please Attach Copy of a
 Voided Check*****

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Routing #

Checking/Savings Account #

These numbers are located on the bottom of your check as follows:



CREDIT UNION DISTRIBUTION

SUFFIX	PAYMENT AMOUNT	OR	FIXED AMOUNT
<u>Savings</u>	██████████		_____
_____	<input type="checkbox"/>		_____
_____	<input type="checkbox"/>		_____
_____	<input type="checkbox"/>		_____
_____	<input type="checkbox"/>		_____

FREQUENCY (Choose One)

- Bi-Weekly (every two weeks)
- Semi-Monthly (twice a month)
- Monthly
- One Time Only

***DESIRED START DATE:** _____

***Signed ACH Authorization Form must be received at least 15 days prior to desired start date.**

MEMBER INFORMATION

Member Name: _____ Account # _____
 Member Address: _____ Phone # _____
 _____ E-mail _____
 Member Signature: _____ Date: _____

-----**FOR CREDIT UNION USE ONLY**-----

Date Received: _____ Effective Date: _____
 Entered By: _____ Checked By: _____