

New Membership Updated Membership

Account Number: _____

USA PATRIOT ACT NOTICE: 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. 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	Middle Initial	Last Name	Suffix
SSN/Tax ID	Date of Birth	Mother's Maiden Name	
Photo ID Type	ID Number	Issuer	Issue Date
Physical Address		City	State
Mailing Address (if different from physical)		City	State
Home Phone	<input type="checkbox"/> Preferred	Cell Phone	<input type="checkbox"/> Preferred
Occupation		Employer <input type="checkbox"/> Self-Employed	
Email Address			

I am eligible for membership based on the following

Union and Local Number: _____ Union ID: _____

I am related to: _____ Relationship: _____ Phone Number: _____

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

First Name	Middle Initial	Last Name	Suffix
SSN/Tax ID	Date of Birth	Mother's Maiden Name	
Photo ID Type	ID Number	Issuer	Issue Date
Physical Address		City	State
Mailing Address (if different from physical)		City	State
Home Phone	<input type="checkbox"/> Preferred	Cell Phone	<input type="checkbox"/> Preferred
Occupation		Employer <input type="checkbox"/> Self-Employed	
Email Address			

Beneficiaries

%	First and Last Name	Address (Street, City, State, ZIP)	SSN/Tax ID	Date of Birth
%	First and Last Name	Address (Street, City, State, ZIP)	SSN/Tax ID	Date of Birth
%	First and Last Name	Address (Street, City, State, ZIP)	SSN/Tax ID	Date of Birth

Services and Shares Requested - If opening multiple shares by check, indicate how much to deposit in each. (See Account Agreements and Disclosures for minimum deposit requirements)

Savings Checking Money Market Share Certificate (Term: ___ months)
 \$ _____ \$ _____ \$ _____ \$ _____ Contact me for funding instructions.

Overdraft Protection for My Checking Shares and Money Market

Instructions: Indicate below which accounts you want to add overdraft protection to and which accounts you wish to debit in the event of an overdraft. Overdraft Protection Transfers are made in increments of \$50 up to the available balance with an associated fee per transfer, as stated in our Fee Schedule. Transfers made from a Visa Account are considered cash advances and accrue interest from the date of posting. If an Overdraft Protection option is not selected, checks and electronic transactions (ACH/EFT) may be returned unpaid.

Add Overdraft Protection to my Checking Share from my Primary Savings Money Market Visa Credit Card
 Add Overdraft Protection to my Money Market from my Primary Savings Money Market Visa Credit Card

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.

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 (check one):

I/we 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 _____ **X** _____
 Primary Member Signature Date Joint Owner Signature Date

A photocopy of the valid, government issued ID used with this application is required.
Your application will not be processed without this information.

Send the completed and signed application to:
Mailing Address: PO Box 5073, Livermore, CA 94551
Fax Number: 925-454-4004

Credit Union Use Only

Processed by: _____ **Processing Date:** _____ **Audited by:** _____ **Audit Date:** _____
Funded by: Check Cash Account Transfer Cash Advance
Services Opened: Savings Checking Share Certificate Money Market
O/D Protection Added Waived
Primary Member OFAC eFunds Existing Member Credit Union Employee Minor
Joint Owner OFAC eFunds Existing Member Credit Union Employee
Beneficiary OFAC Existing Member
Beneficiary OFAC Existing Member
Beneficiary OFAC Existing Member