Thank you for choosing USE Credit Union

True to our mission, USE Credit Union is focused on providing the information and tools you need to reach your financial goals – to truly be your trusted financial partner. We realize you have many banking options available to you, and we appreciate the opportunity to serve your needs.

NEW MEMBER INSTRUCTIONS

ONLINE INSTRUCTIONS
To apply for membership online, simply visit our Website at www.usecu.org and click on the “Join Now” link. Our easy-to-use online application will walk you through the entire process, allowing you to both open and fund your new membership/accounts.

MAIL INSTRUCTIONS
If you would like to apply for membership by mail, this “Membership Application/Signature Card” form must be notarized (unless you’re an existing member opening an alternate membership). Please also include each of the following, along with the items listed above:

- A check or money order payable to USE Credit Union for the following items:
  - Lifetime Membership Fee: $10 (or $15 for merchants or $2.50 for minors/seniors/students)
  - Ownership Share Deposit: $5 (this required deposit establishes you as an owner and is returned to you once your membership is closed; only one ownership share per TIN/SSN)
  - New Account Minimum Opening Deposit: $100 for checking and $25 for savings ($25 for Student Checking)

- A legible photocopy of one of the following forms of Primary Identification: Current Driver License, State issued ID Card, US Passport, Foreign Passport, US Military ID, Permanent Resident Card, Alien Registration Card, Matricula Consular, or SENTRI Card.

- A legible photocopy of one of the following forms of Secondary Identification: An additional item from the list of Primary IDs above or Social Security Card; Employee ID; Student ID; Welfare ID; Birth Certificate; ITIN Card or Authorization Letter from IRS; Property Tax bill; Voter Registration; Payroll Check Stub with Current Name, Address, and SSN.

- A legible photocopy of one of the following to document membership eligibility:
  - For University/State employees or students: A copy of a recent pay stub or student ID card
  - For community eligibility: A copy of a utility bill, credit card bill, or other bank statement to verify address
  - For relationship to existing member: Provide the existing member’s name, address, and telephone number

BRANCH INSTRUCTIONS
To apply for membership in one of our branch locations, bring this completed “Membership Application/Signature Card” form, along with the original items (not photocopies) of the items listed in the “MAIL INSTRUCTIONS” section above (i.e., Primary Identification, Secondary Identification, proof of membership eligibility).
### PERSONAL ACCOUNTS

**MEMBERSHIP APPLICATION/SIGNATURE CARD**

Please complete the entire form, initial, and sign where indicated. All accounts opened will be subject to the following terms and conditions, unless a subsequent Account Agreement is completed.

I am applying for membership in USE Credit Union. I agree to conform to its Bylaws and any amendments thereto, to purchase and retain a share in the Credit Union, to pay a membership fee to the Credit Union, and to authorize the Credit Union to gather whatever employment and credit information it deems necessary and appropriate. I understand that if I fail to remain the holder of a deposit or loan account, my membership shall be transferred to inactive status. 

- **New Membership**  
- **Signature Card Update**

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**I certify that I am eligible for membership through one of the following:** (check only one and complete as appropriate) – N/A for existing members

- I live / work / worship in Alameda / Sacramento / San Diego / Santa Clara / Yolo County.
- I am part of a Select Employee Group (SEG): Employer/College/University: ____________________________ Organization: ____________________________ Relationship: ____________________________
- I am related to the following existing member: ____________________________

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**PRIMARY MEMBER INFORMATION**

<table>
<thead>
<tr>
<th>Residence Type:</th>
<th>Own</th>
<th>Rent</th>
<th>Other</th>
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<tbody>
<tr>
<td>Last Name</td>
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<td>Mother’s Maiden</td>
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<td>Name</td>
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<td>Verbal Password</td>
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<td>Social Security #</td>
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<tr>
<td>Email Address</td>
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</tbody>
</table>

**MAILING ADDRESS**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**DESIGNATION OF BENEFICIARY** (Does not preclude the joint owner’s right of survivorship)

In the event of my death, and the death of all joint owners of this account, I/we authorize USE Credit Union to pay the balance of this/these accounts to:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>DOB</th>
<th>SSN#</th>
</tr>
</thead>
</table>

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**ELECTRONIC BANKING:**

- Online Banking  
- Online BillPay  
- Telephone Banking

**DIRECT DEPOSIT:**

- Yes, please provide me information to establish Direct Deposit.

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**PRIMARY MEMBER’S TAX PAYER ID / SOCIAL SECURITY NUMBER:**

<table>
<thead>
<tr>
<th>Tax Payer ID</th>
<th>Social Security Number</th>
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</thead>
</table>

Under penalties of perjury, I/we certify that: (1) the Tax Payer ID/Social Security Number shown on this form is correct and (2) I/we am/are not subject to backup withholding because (a) I/we are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service that I/we am/are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I/we am/are no longer subject to backup withholding, and (3) I/we am/are a U.S. person (including a U.S. resident alien). Complete a W-8 BEN if you are not a U.S. person. Alternatively, by initialing at the end of this section, I/we acknowledge that I/we am/are subject to backup withholding and, therefore, certification (2) is not applicable.

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**ESTABLISH THE FOLLOWING ACCOUNTS:** (For new members only)

- Ownership Share Account (required $5.00 held balance)
- Plus, the accounts listed below:
  1. 
  2. 
  3. 

**OVERDRAFT PROTECTION:**

- Yes, I want Overdraft Protection (available from Savings products or my Line of Credit/Credit Card). Please indicate your preference below:

<table>
<thead>
<tr>
<th>TYPE OF ACCOUNT</th>
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<tbody>
<tr>
<td>1ST CHOICE</td>
</tr>
<tr>
<td>2ND CHOICE</td>
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</tbody>
</table>

**CREDIT CARD:** (Please select if applicable)

- Yes, I am interested in applying for a USE Platinum Credit Card.
If establishing a trust account, complete the following:

- LIVING TRUST
- CERTIFICATION OF TRUST (DEPOSITS) ON FILE

Name of Trust: ____________________________
Trust TIN: ____________________________
Name of Trustor(s): ____________________________

I/We declare under penalty of perjury and as provided under the California Probate Code Section 18100.5 that I/we am/are qualified and have the power to act and am/are properly exercising the powers under the above named trust.

Trustee Signature: ____________________________
Co-Trustee Signature: ____________________________
For Living Trust Accounts: If the Trust does not name Successor Trustees, please check the box and initial here: [ ]

If you wish for the Successor Trustees to serve in succession rather than simultaneously, please indicate the order to serve by checking the appropriate box.

Successor Trustee: 1 [ ] 2 [ ]
Address: ____________________________
City ____________________________ State ____________________________ Zip ____________________________
Date of Birth ____________________________ Social Security # ____________________________
OFAC: [ ]
Successor Trustee: 1 [ ] 2 [ ]
Address: ____________________________
City ____________________________ State ____________________________ Zip ____________________________
Date of Birth ____________________________ Social Security # ____________________________
OFAC: [ ]

FIDUCIARY ACCOUNT

- FIDUCIARY (TRUSTOR):
- REPRESENTATIVE PAYEE:

CALIFORNIA UNIFORM TRANSFER TO MINOR ACT (CUTMA)

Custodian: ____________________________ Signature: ____________________________
Successor Custodian Name: ____________________________
Name of Minor: ____________________________ Date of Birth: ____________________________
Funds to remain in Trust until age: ______

PROXY STATEMENT

I appoint the Board of Directors of USE Credit Union to appoint a Proxy to represent me at all meetings of the members of this Credit Union. The Proxy will vote for me on all questions and elections coming before said meeting, to give consent and in other ways to act in my place and stead. This Proxy shall remain in force for three (3) years from today, unless revoked by me in writing or revoked by subsequent Proxy. This Proxy will be withdrawn from any meeting which I attend and vote at in person.

Initial (Primary Member)

We have received a copy of the Account Agreement and Disclosure Statement, Electronic Services Disclosure & Statement, Member Privacy Disclosures, and current Schedule of Fees and agree with the terms and conditions for the use of these services. We authorize the Credit Union to check my/our ChexSystems history and my/our credit history for any reason by obtaining a credit report whenever the Credit Union has a legitimate business reason for doing so. We agree that the Credit Union may access the records of the California Department of Motor Vehicles from time to time to obtain my/our current mailing address and by doing so agreeing I/we am/waiving my/our rights under section 1808.22 of the California Vehicle code.

I/We agree to be bound by the terms and conditions of any account that I/we have in the Credit Union now or in the future.

Primary Member Signature: ____________________________ Date: ____________________________
Joint Owner Signature: ____________________________ Date: ____________________________

IMPORTANT:
If applying for membership remotely, signature(s) must be notarized.

WWW.USECU.ORG
(866) USE-4-YOU
(873-4968)