

ACCOUNT APPLICATION

(please print legibly with black ink)

For Credit Union Use Only	Account #:	
	Reviewed by:	BD Code: 431

CHOOSE YOUR PRODUCTS

To get started, select from the following products:

Savings Account (must choose one):

- eSavings Account (requires eStatements)
\$5 initial deposit compliments of UNIFY
- Regular Savings Account (must maintain an average daily balance of \$200)
\$5 initial deposit compliments of UNIFY

Club Account*

- \$5 initial deposit compliments of UNIFY
Initial Maturity Month: _____
(Initial term of 6 to 18 months must be selected, account renews annually thereafter. An early withdrawal fee of \$10 per occurrence applies. Fees may reduce earnings on account. Account balances over \$10,000 will not earn dividends.)

Checking Account*

- FREE Checking (minimum \$25 deposit waived)
- eChecking (minimum \$25 deposit waived)

Card Access*

- ATM Only Debit Card

*Subject to verification through ChexSystems. Please see your Membership & Account Agreement and Disclosures for complete details.

Primary Account Holder's Information

Last Name	First Name	Middle Initial	Date of Birth
Tax ID/Soc. Sec. #		Email Address	
Residential Address (no PO Boxes)	City	State	Zip
Mailing Address (if different from above address)	City	State	Zip
Home/Mobile Phone ()	Work Phone ()	Mother's Maiden Name	
Driver's License #/I.D. Card #	State	Issue Date	Expiration Date
Employer Name*	Occupation	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
		<input type="checkbox"/> Unemployed	

Do any of your family members work at UNIFY Financial Credit Union? Yes No If yes, please write their name(s)

Beneficiary (The beneficiaries listed will be included on all products opened with this application)

Payable on Death (POD): In the event of my death, or the death of all owners, I/we designate the following beneficiary(ies) to receive all sums in my/our account, with the exception of IRA accounts, which have a separate designation of beneficiaries.

Beneficiary Name #1	Tax ID/Soc. Sec. #	Date of Birth
Beneficiary Name #2	Tax ID/Soc. Sec. #	Date of Birth

DISCLOSURES: By signing this application, I hereby apply for membership in UNIFY Financial Federal Credit Union, dba UNIFY Financial Credit Union and agree to conform to the bylaws and amendments thereof. I authorize UNIFY Financial Credit Union to check my credit history, as well as obtain and provide additional credit information to and from others. I understand that membership is contingent on satisfactory account verification. I understand that joint account owners will have the same ownership privileges as the primary member. I agree that I will have the option of opening additional accounts verbally or electronically unless stated otherwise in writing. I agree that the account(s) and/or services shall be governed by the terms and conditions set forth herein the Credit Union's Disclosures, which I shall be provided. And UNIFY may share my information with others only as needed to establish my account.

*We offer a number of ways to qualify you for a UNIFY Financial Credit Union account (where you work, where you live, friends and family, or through a complimentary membership with a partnering nonprofit organization), and will establish your new account based on basic information you provide in this application.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT: Under the USA PATRIOT Act, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. Therefore, when you open an account at UNIFY FINANCIAL FEDERAL CREDIT UNION PER 31 CFR 1020.220, we will ask for your name, address, date of birth, and other identifying information. We may also ask to see your driver's license or other form of identification.

Under penalties of perjury, I certify that (1) The taxpayer identification number provided is correct and (2) unless this box is checked, 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) unless this box is checked I am a U.S. citizen or other U.S. person (as defined in IRS form W-9 instructions); and (4) I am exempt from FATCA reporting.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding

NEXT STEPS

1. Complete and sign this Account Application
2. Include a legible photocopy of your driver's license or government issued photo ID
3. Submit completed application:

Business Development Representative

UNIFY Branch: (UnifyFCU.com for locations)

Mail: UNIFY Financial Credit Union
New Accounts
PO Box 10018
Manhattan Beach, CA 90267-9969

Account Holder's Signature _____ Date _____