



Chevron Federal Credit Union

Membership Application and Agreement

| | | | | | | | | | | |
|---|------------------------|--|---|----------------------------------|--|------------------------------|--|-------------|--|---------------|
| Primary Member/Owner Information | | | FEDERAL NOTICE ABOUT ACCOUNT OPENING PROCEDURES: 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 may also ask to see your driver's license, passport or other identifying documents. | | | Member Number | | | | |
| Name (First, Middle, Last, Suffix) | | | Password | | | Social Security Number / TIN | | | | |
| Residential Address | | | City, State, Zip | | | Mailing Address if Different | | | | |
| ID Type / ID # / Issue Date | Country/State of Issue | Expiration Date | Home Phone No. | | | Work Phone No. | | | | |
| Employer Name | | | Occupation | | | Cell Phone No. | | | | |
| My account type will be | | <input type="checkbox"/> Individual <input type="checkbox"/> Joint with right of survivorship | | I am eligible through employment | | <input type="checkbox"/> | | Birthplace | | Date of Birth |
| I am eligible through | | <input type="checkbox"/> Other member | | Name of member or Association | | Relationship | | Account No. | | Email Address |
| <input type="checkbox"/> Family member | | <input type="checkbox"/> Association | | | | | | | | |

Check appropriate box: Joint owner is also member (\$50 minimum balance) Joint owner is not a member (\$25 minimum balance)

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|--|------------------------|---------------------------------------|---|-------------------------------|--|----------------|--|---------------|--|---------------|
| Joint Member/Owner Information | | | If named, all accounts established under this membership (other than IRA and fiduciary) and unless designated otherwise will be joint ownership with right of survivorship. | | | | | | | |
| Name (First, Middle, Last, Suffix) | | | Social Security Number / TIN | | | | | | | |
| Residential Address | | | City, State, Zip | | | | | | | |
| ID Type / ID # / Issue Date | Country/State of Issue | Expiration Date | Home Phone No. | | | Work Phone No. | | | | |
| Employer Name | | | Occupation | | | Cell Phone No. | | | | |
| I am eligible through employment | | <input type="checkbox"/> | | Birthplace | | | | Date of Birth | | |
| I am eligible through | | <input type="checkbox"/> Other member | | Name of member or Association | | Relationship | | Account No. | | Email Address |
| <input type="checkbox"/> Family member | | <input type="checkbox"/> Association | | | | | | | | |

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|------------------------------------|------------------------|-----------------|---|--|--|----------------|---------------|--|
| Joint Owner Information | | | If named, all accounts established under this membership (other than IRA and fiduciary) and unless designated otherwise will be joint ownership with right of survivorship. | | | | | |
| Name (First, Middle, Last, Suffix) | | | Social Security Number / TIN | | | | | |
| Residential Address | | | City, State, Zip | | | | | |
| ID Type / ID # / Issue Date | Country/State of Issue | Expiration Date | Home Phone No. | | | Work Phone No. | | |
| Employer Name | | | Occupation | | | Cell Phone No. | | |
| Email Address | | | Birthplace | | | | Date of Birth | |

| | | |
|---|-------------------|---------------|
| Designation of Beneficiary(ies) | | |
| This account is owned by the named party(ies). If there is more than one owner, ownership passes to the survivor(s) upon the death of any of them. Upon the death of all of them, ownership passes to the named pay-on-death beneficiary(ies) listed below. | | |
| Beneficiary's Name (First, Middle, Last) | Social Security # | Date of Birth |
| 1. | | |
| 2. | | |
| 3. | | |

By signing this agreement, I/we agree to Chevron Federal Credit Union ("CFCU") bylaws and the terms and conditions of any approved account, as amended from time to time, and authorize CFCU to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify that the information provided on this application is true and correct and that the terms on this application apply to all listed accounts. I/we agree to the Miscellaneous Provisions and the section titled Overdraft Protection on page 2. I/we acknowledge receipt and agree to be bound by the terms of the Master Account Agreement and Disclosure for each member service I/we have requested. I/we acknowledge receipt of the following policy disclosures:

Funds Availability Truth-In-Savings & Fee Schedule Electronic Fund Transfers Privacy

Continued from reverse

Miscellaneous Provisions

I/we hereby make application for membership in CFCU and agree to conform with CFCU's bylaws and amendments, laws, policies and applicable regulations and keep at least \$25 (one share per member) in the primary savings account.

A specimen of my/our signature(s) is shown on this agreement. You are authorized to supply any endorsement for me/us on any check, draft or other instrument tendered for this account, and you are hereby relieved of any liability in connection with collection of such items which are handled by you without negligence, and you shall not be liable for the acts of your agents, subagents or others or for any casualty. Withdrawals may not be made against such items until collected, and any amount uncollected may be charged back to this account, including expenses incurred and any other outside expense incurred relative to this account may be charged to it.

By signing this agreement, I/we affirm that all the information I/we have provided is complete and correct to the best of my/our knowledge, and agree to furnish other information you may request from time to time. In considering my/our request or renewal for any financial service, you may request and use reports from my employer, creditors and/or outside reporting agencies or services. If there is any change in my/our name or address, or if any financially significant change occurs after I/we have applied for any service, I/we agree to notify you immediately. All subsidiary accounts, savings, checking, share certificates, etc., have the ownership as outlined in this agreement. All persons who sign this agreement as joint owners may deposit or withdraw any amount from any accounts (except for IRAs). Should any owner die, the other owner(s) will automatically own any money in the accounts (except for IRAs). Owners of an account who have the capacity to sign are jointly and severally liable for all checks and transactions on the account(s).

I/we understand and agree that except as modified in any specific loan or share account agreement or applicable law, all my/our shares and deposits are subject to a lien under the Federal Credit Union Act to the extent of my/our obligations to CFCU.

Overdraft Protection

OVERDRAFT PROTECTION FOR CHECKING ACCOUNTS:

You must opt-in to Overdraft Protection for ATM and one-time debit card transactions to have these transactions covered. If you do not opt-in to overdraft protection and you do not have sufficient funds available in your account, these transactions will be denied. You acknowledge that Overdraft Protection from available funds in your share savings, MarketEdge or line-of-credit accounts will be automatically set up for all other transactions, **unless you instruct us differently**. Refer to the Master Account Agreement and Disclosure for more details.

Consent to Receive Electronic Statements

Please read the following terms and conditions that indicate your acceptance thereof and your consent to receive your periodic statements electronically.

Terms and Conditions:

You understand that by signing below you are consenting initially and on an ongoing basis to receive your periodic statements ("Statements") in electronic format. You also understand that you will no longer receive paper statements for HELOC, Line-of-Credit, or Real Estate Loan accounts. You may print a copy of your statement by logging into PC Access (www.chevronfcu.org) or you may request a copy of a particular statement in paper format by contacting us at 510-627-5000 or 800-232-8101.

You may withdraw your consent to receive statements electronically at anytime by faxing us a letter in writing with your signature to 510-627-5032 or by mailing to: Chevron Federal Credit Union, P.O. Box 2069, Oakland, CA 94604-2069 or by logging in to PC Access and selecting eStatements.

You must provide and maintain a valid, active email address. If you change your email address you must notify us in writing or log into Online banking and edit your "My Profile" information. You will receive a Statement at least quarterly, monthly if you have a checking account and/or electronic funds account activity. You will receive electronic notification via email to your email address of record with us indicating the availability of your statement. Upon receipt of the email, you may retrieve the statement by logging into PC Access (www.chevronfcu.org) via our website. You need your member number and password to access your account statements.

Signature of Primary Member/Owner

Date

By signing below, the undersigned agree: If you become indebted to CFCU in any way, including by your use of plastic cards or by overdrawing your checking account, and you do not pay as agreed, CFCU can take any of CFCU shares in which you have an interest to recover all or part of your debt without notice and without waiving other collection rights. This consent applies to all funds voluntarily deposited to CFCU, including funds normally exempt from creditors' remedies such as Social Security direct deposit, unless prohibited by law or the share agreement. CFCU never requires deposit of exempt funds. This consent is in addition to CFCU's right to impress a lien on shares under the Federal Credit Union Act or any equitable right of offset.

SUBSTITUTE W-9 TAXPAYER ID CERTIFICATION – you may ask a CFCU representative for official IRS W-9 instructions, or, if applying online, go to www.irs.gov and use the W-9 form link to obtain W-9 instructions.

By signing below, I certify under penalty of perjury that (1) Taxpayer Identification Number (TIN) shown above is my correct TIN, (2) I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends or (b) the IRS has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien). The IRS does not require your consent to any term of any agreement with CFCU other than the certifications required to avoid backup withholding. If you are subject to backup withholding, the following box(es) is/are checked: Member Joint Owner

Signature of Primary Member/Owner

Date

Signature of Joint Member/Owner

Date

Signature of Joint Owner

Date

For Credit Union Use Only

Name

Member #

Opened Date

No OFAC Match. Staff Initials: _____ Date: _____

OFAC False Positive. Approved by: _____ Date: _____

Qualifile reviewed

Identification verified

Membership eligibility verified

Opened by:

Date:

Approved by:

Date:

