

Membership Application

Important Notice: There is a \$2 share (savings) account fee if you are not enrolled in electronic eStatements. Sign up for free paperless eStatements today to and visit www.pointwestcu.com for our current Fee Schedule.



PointWest
CREDIT UNION

FOR CREDIT UNION USE ONLY

Member Number: _____ New Member Other: _____
XA Number: _____ Employee: _____ Revised: 02.2018

Member Application & Information (Section 1) - \$5 membership fee & \$5 minimum deposit into a share (savings) account required

Member Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
ID#: _____ ID Type: _____ ID Expiration Date: _____
Home Phone: _____ Cell Phone: _____ Birthdate: _____
SSN/TIN: _____ Employer: _____ Work Phone: _____

Eligibility for Membership:

COUNTY

MULTNOMAH

CLACKAMAS

WASHINGTON

YAMHILL

- I live/work in one of the eligible counties (please check appropriate selection in COUNTY box).
- My immediate relative lives/works in one of the eligible counties (please check appropriate selection in COUNTY box).
Name: _____ Relationship: _____ Address: _____ Phone: _____
- OTHER Explanation: _____

Joint Account Ownership (Section 2)

Joint Account Holder "A": _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
ID#: _____ ID Type: _____ ID Expiration Date: _____
Home Phone: _____ Cell Phone: _____ Birthdate: _____
SSN/TIN: _____ Employer: _____ Work Phone: _____

Joint Account Holder "B": _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
ID#: _____ ID Type: _____ ID Expiration Date: _____
Home Phone: _____ Cell Phone: _____ Birthdate: _____
SSN/TIN: _____ Employer: _____ Work Phone: _____

Account Designation (Section 3)

- Beneficiary/Payable on Death (POD) (All Accounts)
Beneficiary/POD Payee Name: _____ DOB or SSN/TIN: _____
Beneficiary/POD Payee Name: _____ DOB or SSN/TIN: _____
- UTTMA/UGMA (as custodian for minor under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____

By signing below, I certify under penalties of perjury that: (1) I am a US citizen or other US person, (2) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my correct identification number, and (3) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. This account is maintained in the US; therefore FATCA reporting is not applicable.

Additionally, but signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Funds Availability Policy, Privacy Policy, Truth-In-Savings Disclosure, Fee Schedule and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/we agree to the Electronic Services terms contained in the Membership and Account Agreement.

- I am not subject to backup withholding I am not a United States citizen or resident alien (Complete W-8 BEN) Exempt - Payee Code: _____

Member Signature

Date

Joint Owner "A" Signature

Date

Joint Owner "B" Signature

Date