



2150 Trade Zone Blvd, Suite 200
San Jose, CA 95131
FAX - 408-731-4045

Membership Application & Agreement

USA PATRIOT ACT NOTICE: To help the government fight 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 may also ask to see your driver's license and other identifying documents.

Member (PLEASE PRINT - All items must be completed)

Last Name		First Name		Middle Name		Photo ID Type	
Current Address		City		State		ZIP	
Mailing Address		City		State		ZIP	
Employer Name		Occupation		Issue Date		Expiration Date	
/ /		You are:		U.S. Citizen		Lawful Permanent U.S. Resident	
Taxpayer ID / Social Security Number		()		()		()	
/ /		()		()		()	
Birth Date (mm/dd/yy)		Residence Telephone		Cell Phone		Business Telephone/Ext.	
						Email	

YES NO

Are you a senior foreign political figure or a close associate of a senior foreign political figure?

Business Email (optional) ☐

Membership Eligibility (SELECT ONE OF THE FOUR - All items in your selection must be completed)

1. Employment at/Contract Employee of: (Company Name)
1a. County 1b. State
2. Member of: (Company Name)
3. Live Work Worship Attend School
County (select one):
Alameda County
Contra Costa County
El Dorado County
Placer County
Sacramento County
San Mateo County
Santa Barbara County
Santa Clara County
Designated Areas of
Ventura County
4. Family Member of: (Primary Member Name) Relationship to Member Family Member's KeyPoint Credit Union Account Number

Accounts (SELECT ALL THAT APPLY)

Checking Savings Money Market Certificate/IRA _____ Loan Only (Separate loan application required)

Membership Application and Agreement

1. The person identified as "MEMBER" is applying for membership and certifies under penalty of perjury that the membership eligibility statement is accurately completed.
2. I agree to abide by applicable law and KeyPoint Credit Union's bylaws in all dealings with KeyPoint Credit Union.
3. The Credit Union is authorized to check my credit and account history, including verification of information on this application.
4. This application constitutes my request for the services indicated on this application and my continuing authorization to open accounts for me under my KeyPoint membership upon my oral or written request and deposit of funds.
5. I agree that if I become indebted to KeyPoint Credit Union in any way, including by use of plastic cards or by overdrawing my checking account, if I do not pay what I owe according to my agreements, you can take any funds voluntarily deposited to KeyPoint share accounts in which I have an interest to recover all or part of what I owe without notice and without waiving other collection rights. This consent applies to all voluntarily deposited funds, including funds that may otherwise be exempt from creditors' remedies, such as social security direct deposit, unless prohibited by law or the share agreement. This consent is in addition to any right of the Credit Union to impress a lien on my shares under California Financial Code Sec. 14856 or any equitable right of offset.
6. **Substitute W-9 Taxpayer ID Certification:** You may request official IRS W-9 instructions from a KeyPoint staff member or, if applying online, click here to obtain instructions at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>. **I declare under penalty of perjury that (a) I am a U.S. Person (including resident alien), (b) the taxpayer ID number provided on this application is correct and (c) either (1) I have never been notified by the IRS that I am subject to backup withholding due to failure to report dividends or interest or (2) I have been notified by the IRS that I am no longer subject to backup withholding. The IRS does not require my consent to any term of any agreement with the Credit Union other than the certifications required to avoid backup withholding. If I am subject to backup withholding, the following box is checked.**

Acknowledgment: By completing and signing this application, I request membership in KeyPoint Credit Union. The information that I have stated on the application is true and correct. I acknowledge receipt of and agree that all of my KeyPoint Credit Union accounts will be subject to the KeyPoint Credit Union Master Disclosure and Fee Disclosure as amended from time to time. **I acknowledge I have read and accept the statements outlined above.**

Member Signature

Date

OFFICE USE ONLY

Membership Number _____

Membership Established By

Date

Manager/Supervisor Approval

Date