

# MEMBERSHIP APPLICATION

I am  a New Member  Making a change to my current account Member # \_\_\_\_\_

Please complete this form and bring it to any Pacific Postal Credit Union branch to open an account. A \$50 minimum balance, a \$5 fee and 2 forms of ID are required to open a PPCU membership account. You may also mail in this application, along with the required items, to the address at the end of this form.

Name, Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

## Type of Account Desired (check all that apply)

- Savings (\$50.00 minimum balance to open, \$5.00 fee)  Checking  Certificate of Deposit  
 Other \_\_\_\_\_  Other \_\_\_\_\_

## Type of Account Desired (check all that apply)

*The ownership specified below will remain the same for all accounts listed*

- Individual  Joint (with right of survivorship)  
 Totten Trust

## Beneficiaries

Name	Date of Birth	Relationship	%
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Primary Member (Please print in ink)

Name, Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Street Address (residential) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Driver's Lic. #/State \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

## Joint-Owner Relationship to member ▶ \_\_\_\_\_

Name, Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Street Address (residential) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Driver's Lic. #/State \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

## Joint-Owner Relationship to member ▶ \_\_\_\_\_

Name, Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Street Address (residential) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Driver's Lic. #/State \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

# MEMBERSHIP ELIGIBILITY

## I am eligible for PPCU membership through: (check one)

My Employer \_\_\_\_\_

Family Member \_\_\_\_\_

\_\_\_\_\_  
*Relationship to Family Member*

## Or I: (check one)

Live

Work at \_\_\_\_\_

Worship at \_\_\_\_\_

Attend school at \_\_\_\_\_

## in Santa Clara County

## Authorization and Signatures

By signing below the undersigned agrees to the by-laws of Pacific Postal Credit Union and the applicable account terms and conditions, as amended from time to time; to pay membership or entrance fee; and authorize the credit union to verify credit and employment history by any means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on this agreement is true and accurate and that the terms on this agreement apply to all listed accounts. The undersigned also acknowledges receipt of our Privacy Policy, Fee Schedule, and Truth in Savings disclosure explaining the terms and conditions applicable to all listed accounts.

Under penalty of perjury, I certify that (a) the taxpayer ID/social security number I have given on this application is correct, (b) I am a US person, including resident alien, and (c) either I have never been notified by the IRS that I am, or I have been notified by the IRS that I am no longer, subject to backup withholding due to under-reporting of dividends or interest. I understand the IRS does not require my consent to any term of any agreement with Pacific Postal Credit Union except the certifications required to avoid backup withholding. **If I am subject to backup withholding, this box is checked.**

## No transfer of voting rights or other membership privilege is permitted by virtue of transfer of shares.

Signature (Primary Member) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Joint-Owner) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Joint-Owner) \_\_\_\_\_ Date \_\_\_\_\_

### For Credit Union use only:

Date opened \_\_\_\_\_ Opened by \_\_\_\_\_ Primary ID Type \_\_\_\_\_ No. \_\_\_\_\_

Secondary ID Type \_\_\_\_\_

OFAC: \_\_\_\_\_ Date \_\_\_\_\_ Op# \_\_\_\_\_

Check Systems verification:  No record or \_\_\_\_\_

Membership officer \_\_\_\_\_ Date \_\_\_\_\_



1040 Leigh Avenue  
San Jose, Ca 95126-4129  
(800) 696-6009  
www.ppcu.org