

Trust Membership Application

Membership #	<input type="checkbox"/> New Membership <input type="checkbox"/> Account Change
---------------------	---

SECTION 1	Trust Information <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust				
	Trust Name		Established Date		
	Mailing Address		City	State	Zip
	Trustor Information (If different from trustees) <input type="checkbox"/> Trustor(s) and trustees(s) are the same.				
	Trustor #1	Last Name	First Name	Middle Initial	
	Social Security or Tax ID #		Date of Birth		
Trustor #2		Last Name		First Name	Middle Initial
Social Security or Tax ID #		Date of Birth			

Account Options	
Choose the account(s) you would like to open. For checking accounts, your debit card will be automatically mailed to you.	
<input type="checkbox"/> Savings Account <input type="checkbox"/> QuickPay <input type="checkbox"/> Other Savings _____ <input type="checkbox"/> Certificate term _____	
<small>If this is a revocable trust, one or more trustor(s) are member(s) of the Credit Union. If this is an irrevocable trust, either the trustor or beneficiary must be members or, in the case of multiple trustors or beneficiaries, all the trustors or all of the beneficiaries must be members of the Credit Union. For the trust to become a member with all rights of membership (including voting rights for the trust), all trustors, trustees and beneficiaries must be eligible for membership in the Credit Union.</small>	

SECTION 2	Membership Eligibility	I am eligible to join skyone in one of the following ways:
	<small>A \$5.00 minimum savings account deposit is required for each member.</small>	
	<input type="checkbox"/> Employee of Select Employer Group (SEG) or Member of Associational Group (AG): Company/Association name _____ <input type="checkbox"/> Community Group (CG): <input type="checkbox"/> Live <input type="checkbox"/> Work/regularly conduct business <input type="checkbox"/> Worship <input type="checkbox"/> Attends School in a qualified area around SkyOne Main Branch. <input type="checkbox"/> Immediate family or household member.: Member Name _____ Relationship _____ <input type="checkbox"/> I understand and agree that if I do not fall within the member eligibility groups, I agree to become a member of Friends of Madrona Marsh (FOMM) or Surfrider Foundation. SkyOne Federal Credit Union will pay for one years membership with either of these non-profit organizations on my behalf. I can decide on my own if I would like to renew my membership after the first year. <input type="checkbox"/> I agree. X _____	
<small>USA PATRIOT Act: Federal law requires that we obtain, verify and record information that identifies each person who opens an account, including joint owners. Within this application, 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 or other identifying documents. Approval of your application may be delayed pending further verification of your identity.</small>		

Part 1	Tax Identification Number		
<small>Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).</small>		SSN (Revocable Trusts Only)	EIN/TIN (Required for Irrevocable Trusts)

SECTION 3	Part 2	Certification
	<small>Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and (2) 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) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7). (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</small>	
	<small>Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.</small>	
	<small>Exempt payee code _____ (if any) Exemption from FATCA reporting code _____ (if any)</small>	
Sign Here	Signature of Trustee	Date

SECTION 4	<small>This membership application controls all accounts opened and listed in the account number section at the top of this form except Business Accounts. Individual Retirement Accounts (IRA) require an additional agreement to be executed. I/We understand that if I/we wish to open new accounts under terms and conditions other than those set forth herein, or with different ownership, I/we must execute a new Master Membership Application/Signature Card ("agreement"). I/We also understand that the terms and conditions set forth in any subsequently executed agreement shall apply only to those account numbers listed in the new agreement.</small>				
	<small>I/we authorize the credit union to obtain consumer credit reports for the purpose of evaluating this application. I/we authorize and instruct SkyOne FCU (SkyOne) to obtain my/our consumer credit report(s) from SkyOne's designated credit reporting agency(ies), to determine my/our eligibility for products or services, including in order to market to me/us. I/We understand that I/we may withdraw this instruction by contacting SkyOne's Member Contact Center. Upon my/our request, you will provide me/us with the name(s) and address(es) of the consumer reporting agency(ies) that furnished the report(s). I/We agree to conform to the Credit Union by-laws, the terms and conditions of the Account Agreement, All-In-One Account Disclosure, and the Schedule of Service Charges, receipt of which is hereby acknowledged and which is incorporated herein by this reference. I understand and agree that this membership application shall govern all accounts ("Accounts") opened whether now or in the future, under the account number set forth above. I/We hereby apply for membership and I/we authorize SkyOne Federal Credit Union to verify all the information supplied herein; and to verify my/our creditworthiness. All applicants must provide a valid identification including a state or U.S. Government issued photo ID. As required by federal law, the Credit Union must verify the identity of each person seeking to open an account (including joint owners and persons added as signatories to an account) and must maintain records of the information used to verify each person's identity.</small>				
Trustee 1 Signature:		Date	Trustee 2 Signature:		Date

Trust Membership Application

Trustee #1 Information									
Last Name			First Name			Middle Initial			
Social Security or Tax ID #					Date of Birth				
Driver's License, State Or Other ID#			State/Country	Issue Date		Exp Date	<input type="checkbox"/> Driver License	<input type="checkbox"/> State ID	<input type="checkbox"/> Military ID
							<input type="checkbox"/> Passport	<input type="checkbox"/> Permanent Residence Card	
E-mail Address					Cell Phone #			Home Phone #	
Residential Address					City			State	Zip
Mailing Address					City			State	Zip
Employer (If Retired, Former Employer Name)					School/Occupation				
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Active Military <input type="checkbox"/> Retired Military <input type="checkbox"/> Government/DOD <input type="checkbox"/> Other									
Trustee #1 Signature								Date	
Trustee #2 Information									
Last Name			First Name			Middle Initial			
Social Security or Tax ID #					Date of Birth				
Driver's License, State Or Other ID#			State/Country	Issue Date		Exp Date	<input type="checkbox"/> Driver License	<input type="checkbox"/> State ID	<input type="checkbox"/> Military ID
							<input type="checkbox"/> Passport	<input type="checkbox"/> Permanent Residence Card	
E-mail Address					Cell Phone #			Home Phone #	
Residential Address					City			State	Zip
Mailing Address					City			State	Zip
Employer (If Retired, Former Employer Name)					School/Occupation				
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Active Military <input type="checkbox"/> Retired Military <input type="checkbox"/> Government/DOD <input type="checkbox"/> Other									
Trustee #2 Signature								Date	
<p>Consent to Contact by Telephone and/or by Text: By signing this document below, I/we (primary account holder, and any joint owners referenced herein) agree that the Credit Union may from time to time make calls and/or send text messages to me/us at any telephone number(s) provided in this master membership application, including any mobile/cellular telephone numbers and/or numbers that are later converted to mobile/cellular telephone numbers, that may or may not result in data usage and/or charges to me/us. This is so the Credit Union can service and keep me informed about my membership, any and all of my/our account(s), any loans and transactions I/we have executed or may enter into with SkyOne, and/or to provide me/us with fraud, security breach, or identity theft alerts. I/we also agree that I/we may be contacted by the Credit Union service providers and/or any third party making such calls or sending such text messages on its behalf. The manner in which these calls or text messages may be made to me/us include, but are not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems. I/we understand that I/we am/are not required to provide consent as a condition to receiving the Credit Union's products or services. I/we may change the telephone number(s) provided at any time by contacting the Credit Union at 1-800-421-7111.</p> <p>By also initialing this paragraph below, I/we further authorize SkyOne to contact me/us as set forth above, by making calls and/or sending text messages to me/us at any telephone number(s) I/we have provided in this master membership application, through, but not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems, to offer products and services that might be of interest to me/us. I/we understand that I/we am/are not required to provide this additional consent as a condition to receiving the Credit Union's products or services. I understand that I may revoke this consent at any time by notifying the Credit Union in writing to SkyOne Federal Credit Union, PO Box 5003 Hawthorne, CA 90251-9801, or by emailing us at memberservice@SkyOne.org.</p>									
Trustee Initials _____ Trustee Initials _____									
<input type="checkbox"/> Check here if additional pages are added for additional trustees.									

SECTION 5

For Office Use Only		
Rep #	Office #	Date