MASTER MEMBERSHIP APPLICATION/SIGNATURE CARD

Membership #	☐ New Membership ☐ Account Change	☐ CUTMA ☐ COOGAN ☐ Guardianship ☐ Minor ☐ Conservatorship ☐ Representative Payee ☐ Other	☐ Online ☐ Mail ☐ In Person ☐ BDO ☐ Fax ☐ NALN/ILENDING/Other MPL

SECTION 1

PRIMARY MEMBER INFORMATION

Last Name	First Name	Middle Initial	SSN	Date of Birth

Driver's License, State or Other ID#	State/Country	☐ Driver License ☐ State ID ☐ Military ID ☐ Passport ☐ Permanent Residence Card	Issued Date	Expiration Date

Residential Address	City	State	Zip

Mailing Address *(If different from above)*	City	State	Zip

Home Phone #	Work/Daytime Phone #	Cell Phone #	Email Address

Employer *(If retired, former employer name)*	School/Occupation

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Student ☐ Homemaker ☐ Active Military ☐ Retired Military ☐ Government/DOD ☐ Other

Primary Member Signature	Date

JOINT MEMBER INFORMATION

Last Name	First Name	Middle Initial	SSN	Date of Birth

Driver's License, State or Other ID#	State/Country	☐ Driver License ☐ State ID ☐ Military ID ☐ Passport ☐ Permanent Residence Card	Issued Date	Expiration Date

Residential Address	City	State	Zip

Mailing Address *(If different from above)*	City	State	Zip

Home Phone #	Work/Daytime Phone #	Cell Phone #	Email Address

Employer *(If retired, former employer name)*	School/Occupation

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Student ☐ Homemaker ☐ Active Military ☐ Retired Military ☐ Government/DOD ☐ Other

Joint Member Signature	Date

JOINT MEMBER INFORMATION

Last Name	First Name	Middle Initial	SSN	Date of Birth

Driver's License, State or Other ID#	State/Country	☐ Driver License ☐ State ID ☐ Military ID ☐ Passport ☐ Permanent Residence Card	Issued Date	Expiration Date

Residential Address	City	State	Zip

Mailing Address *(If different from above)*	City	State	Zip

Home Phone #	Work/Daytime Phone #	Cell Phone #	Email Address

Employer *(If retired, former employer name)*	School/Occupation

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Student ☐ Homemaker ☐ Active Military ☐ Retired Military ☐ Government/DOD ☐ Other

Joint Member Signature	Date

☐ Check here if there are additional joint owners

FOR MEMBERS APPLYING FOR A LOAN ONLY

Monthly Gross Income	Employment Duration YRS MOS	Rent/Mortgage $	Occupancy Duration YRS MOS

☐ Buying/Own with Mortgage ☐ Government Quarters ☐ Live with Parents ☐ Own Free and Clear ☐ Rent ☐ Other

Previous Address *(If less than 2 years at current address)*	City	State	Zip

FOR JOINT MEMBERS APPLYING FOR A LOAN ONLY

Monthly Gross Income	Employment Duration YRS MOS	Rent/Mortgage $	Occupancy Duration YRS MOS

☐ Buying/Own with Mortgage ☐ Government Quarters ☐ Live with Parents ☐ Own Free and Clear ☐ Rent ☐ Other

Previous Address *(If less than 2 years at current address)*	City	State	Zip

14600 Aviation Blvd, Hawthorne, CA 90250
SkyOne.org | 800.421.7111
SkyOne FEDERAL CREDIT UNION

MASTER MEMBERSHIP APPLICATION/SIGNATURE CARD

Membership #

SECTION 1 (Cont'd)

ACCOUNT OPTIONS

Choose the account(s) you would like to open. For checking accounts, your debit card will be automatically mailed to you.
☐ Savings Account ☐ Other Savings_____ ☐ Certificate Term_____ ☐ Payment Product _____ ☐ Paycheck Perks Opt in ☐ Round up Opt in *(for Payment accounts only)*

MEMBERSHIP ELIGIBILITY | I am eligible to join skyone in one of the following ways:

A $5.00 minimum savings account deposit is required for each member.
☐ Employee of Select Employer Group (SEG) or Member of Associational Group (AG): Company/Association name _____
☐ Community Group (CG): ☐ Live ☐ Work/regularly conduct business ☐ Worship ☐ Attends School _____ In a qualified area around SkyOne Main Branch in Hawthorne, CA
☐ Immediate family or household member: Member Name_____ Relationship _____
☐ I am a member of a Parent Teacher Association (PTA) in the state of CALIFORNIA, or agree to join one within 10 days of joining SkyOne. Name of school _____. Subject to verification. SkyOne Federal Credit Union will reimburse your account $10 one time, for one year of dues after 30 days of your account being open. I can decide on my own if I would like to renew my membership after the first year. I agree X_____.
☐ I understand and agree that if I do not fall within the member eligibility groups, I agree to become a member of **American Consumer Council (ACC), Friends of Madrona Marsh (FOMM), American Consumer Council (ACC)** 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. ☐ I agree. X_____
☐ NALN, iLending and all other Market Place Lenders through American Consumer Council (ACC). Member to pay the fee in the application fee.

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.

SECTION 2

CONSENT TO CONTACT BY TELEPHONE AND/OR BY TEXT

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.

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 of my desire to revoke consent for marketing communications by mailing a letter to SkyOne Federal Credit Union, PO Box 5003 Hawthorne, CA 90251-9801, or by emailing us at memberservice@SkyOne.org.

Primary Initials _____ Joint Initials _____ Joint Initials _____

SECTION 3

PART 1 | **TAXPAYER IDENTIFICATION NUMBER (TIN)**

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).	Tax Identification Number	Employer Identification Number

PART 2 | **CERTIFICATION**

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.

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Signature of U.S. Person	Date

☐ Check box if non-resident alien and do not sign the signature line above. Must complete a W-8 BEN instead.

SECTION 4

ACCOUNT AGREEMENT

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.

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), now or in the future, 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, AII-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.

Primary Member Signature		Date	
Joint Member Signature	Date	Joint Member Signature	Date

FOR OFFICE USE ONLY

REP #	Office #	Date

14600 Aviation Blvd, Hawthorne, CA 90250
SkyOne.org | 800.421.7111

SkyOne FEDERAL CREDIT UNION

(08/24)