

Membership Application

IMPORTANT NOTICE REGARDING NEW ACCOUNTS

To help the government fight terrorism funding and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU

When you open or amend an account, we'll ask for your name, physical street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver license or other identifying documents.

Please open the following account(s):
 Checking Savings Share Certificate Other

The account(s) shall be:
 Individual Joint Sponsor Relocation Program **Member Number:** _____

This is a:
 New Account Joint Owner Addition[†] Updated Account **Account(s) affected:** _____

OR name change: Member Joint Owner

PERSONAL INFORMATION (Please print)

Last Name		First Name	Middle Initial		
Physical Street Address			City	State	Zip
Mailing Address (if different from above)			City	State	Zip
Date of Birth	Social Security(SSN)/Taxpayer Identification Number (TIN)		Email Address		
Driver License or Passport # / State / Country / Issue and Expiration Date		Home Telephone*	Business Telephone*	Mobile Telephone*	
Occupation (if retired or unemployed, please list former occupation)			Employer		
Citizenship (select one): <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non - Resident Alien (Complete W8-BEN Form)					

*By providing a telephone number, you consent to receiving calls from First Technology Federal Credit Union ("First Tech"), our affiliates and agents. Calls may include prerecorded or artificial voice messages, text messages and those made by an automated telephone dialing system. You may incur fees for such calls and messages from your service provider.

MEMBERSHIP ELIGIBILITY (Visit firsttechfed.com for a field of membership listing)

Please indicate your Employer, Family Member name, or affiliated association through which you are eligible for membership

TAX CERTIFICATION

By signing this application below, under penalties of perjury, I certify that: 1) the number shown on this form is my correct Social Security number (SSN)/taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am NOT, unless designated below, 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 unless otherwise indicated above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I am subject to backup withholding

JOINT OWNER(S) INFORMATION if there are more than three joint persons on this account, please use a second Account Card and label the top of each Card: "Card 1 of 2" and "Card 2 of 2", respectively.

JOINT 1: Last Name	First Name	Middle Initial	Date of Birth	SSN/TIN	
Physical Street Address			City	State	Zip
Driver's License or Passport # / State / Country / Issue & Expiration Date		Home Telephone*	Business Telephone*	Mobile Telephone*	
Occupation (if retired or unemployed, please list former occupation)			Employer	Email Address	
Citizenship (select one): <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non - Resident Alien (Complete W8-BEN Form)					

JOINT 2: Last Name	First Name	Middle Initial	Date of Birth	SSN/TIN	
Physical Street Address			City	State	Zip
Driver's License or Passport # / State / Country / Issue & Expiration Date		Home Telephone*	Business Telephone*	Mobile Telephone*	
Occupation (if retired or unemployed, please list former occupation)			Employer	Email Address	
Citizenship (select one): <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non - Resident Alien (Complete W8-BEN Form)					

OVERDRAFT PROTECTION

I authorize you to clear any overdrafts on my checking account from the account(s) listed in preferential numerical order below (1, 2 and/or 3. Please use each number only once).

Consumer Line of Credit Account Number _____ Savings Account** Number _____ Other Account** Number _____

DESIGNATION OF PAY-ON-DEATH PAYEE(S) (Optional)

PAYEE 1: Percentage **PAYEE 1:** First Name / Last Name or Name of Trust _____ Social Security Number _____ Home Telephone _____
 Physical Street Address _____ City _____ State _____ Zip _____

PAYEE 2: Percentage **PAYEE 2:** First Name / Last Name or Name of Trust _____ Social Security Number _____ Home Telephone _____
 Physical Street Address _____ City _____ State _____ Zip _____

ACCOUNT AGREEMENT/AUTHORIZATION

This Membership Application controls all accounts opened and listed in the Account Number section at the top of this card, except Individual Retirement Arrangements (IRA), Fiduciary or business accounts. 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 Account Card. I/We also understand that the terms and conditions set forth in any subsequently executed Account Card shall apply only to those account numbers listed on the card with different ownership.

Acknowledgment and Agreement

I/We promise that all information stated in this application is true and accurate to the best of my/our knowledge and promise to notify First Tech immediately in writing if there are important changes. I/We agree to conform to all applicable terms and conditions set forth in the Membership and Deposit Account Agreement and the Accounts Rate and Fees Schedule, receipt of all of which, is hereby acknowledged and are incorporated by this reference. I request electronic access devices for ATM, Point-of-Sale, debit card, Home Banking, Bill Payment, and/or audio response. If I qualify, you shall provide a disclosure of terms and conditions with the access device. My/Our use of any access device will signify my/our acceptance of the device and the terms and conditions of its usage.

I/We authorize the credit union to obtain credit bureau reports for evaluating this application and in the future for reviewing credit limits, renewals, servicing and collection purposes, and for other legitimate purposes associated with my/our account. Upon my/our request, you will inform me/us if a consumer report was requested, and if it was, provide me/us with the name and address of the consumer reporting agency that furnished the report.

I/We also authorize the credit union to verify employment, income, address and all other information provided with credit reporting agencies, employers, third parties, and through records maintained by federal and state agencies (including any state motor vehicle department) and waive any rights of confidentiality I/We may have in that information under applicable law.

If completing this application by mail, please send to: First Tech Federal Credit Union P.O. Box 2100 Beaverton, OR 97075. Please call 855.855.8805 with any questions.

Be sure to include your opening deposit(s), Social Security Number and a copy of primary government issued identification (Drivers Lic, State issued ID or Passport) for each account owner. Please note that we cannot process your application until it's signed.

_____ By providing you with a telephone number for a cellular phone, other wireless and/or digital device, I am expressly consenting to receive communications, including, but not limited to; prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system, from you and your affiliates and agents at that number. This consent applies to each telephone number that I provide to you now, in the future, or if the nature of the device changes and permits such calls regardless of their purpose. Calls and messages may incur access fees from my service provider.

All Applicants' Initials



Equal Housing Opportunity | Federally insured by NCUA

** Subject to Regulation D Restrictions.

† This change supercedes all previous designations.

Member Signature _____	Date _____	Joint Owner Signature _____	Date _____
		Joint Owner Signature _____	Date _____

INTERNAL USE ONLY	Notes: _____ _____ _____
	Qualifile Inquiry done on: <input type="checkbox"/> TRO <input type="checkbox"/> Joint <input type="checkbox"/> Joint
	IDV verified on: <input type="checkbox"/> TRO <input type="checkbox"/> Joint <input type="checkbox"/> Joint
	OFAC verified on: <input type="checkbox"/> TRO <input type="checkbox"/> Joint <input type="checkbox"/> Joint
	Employee Name (PRINT) _____ Initials _____ Date _____ Branch Manager or Designee Name (PRINT) _____ Initials _____ Date _____