



# MEMBERSHIP & ACCOUNT CARD

221 NW Second Avenue  
Suite 100  
Portland, OR 97209

tel: 503.220.2592  
fax: 503.228.6770  
www.trailheadcu.org

### Basis for Membership Eligibility (Please check ONE of the following.)

- Live  Work  Worship  Attend School in Multnomah County: (address) \_\_\_\_\_
- Relative of current member: Relative name \_\_\_\_\_ Relationship \_\_\_\_\_

### Member Information

Member Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Driver's License # /  ID Card # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Email Address \_\_\_\_\_ Current Employer & Occupation \_\_\_\_\_

### Account Ownership

- Individual  Joint (complete below; for additional owners, complete reverse side)  UTTMA (see reverse)

**Joint Owner** (if applicable) Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Driver's License # /  ID Card # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Email Address \_\_\_\_\_ Current Employer & Occupation \_\_\_\_\_

### TIN Certification and Backup Withholding Information

By signing this card, I certify, under the penalties of perjury, that (1) I am a US Person (including a US resident alien), (2) the Social Security number (SSN)/taxpayer identification number (TIN) shown is my/the correct identification number, and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

### Check only one if it applies to you:

- I am subject to backup withholding  I am not a US citizen or US person (complete W-8BEN)  Exempt

### Authorization

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Rate and Fee Schedule, Funds Availability Policy, and Electronic Funds Transfer Agreement, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosure applicable to the accounts and services requested herein. *The Internal Revenue Service does not require your consent to any provision of the Account Card other than the certifications required to avoid backup withholding.*

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Account #: \_\_\_\_\_

## Additional Joint Owners

<b>Joint Owner 3</b> (if applicable) Full Name		Social Security #	
Address		City	State Zip
Home Phone	Cell Phone	Work Phone	
Birth Date		Mother's Maiden Name	
<input type="checkbox"/> Driver's License # / <input type="checkbox"/> ID Card #		State	Expiration Date
Email Address		Current Employer & Occupation	

<b>Joint Owner 4</b> (if applicable) Full Name		Social Security #	
Address		City	State Zip
Home Phone	Cell Phone	Work Phone	
Birth Date		Mother's Maiden Name	
<input type="checkbox"/> Driver's License # / <input type="checkbox"/> ID Card #		State	Expiration Date
Email Address		Current Employer & Occupation	

**Payable on Death Account Beneficiaries** (please list all beneficiaries other than joint owners; all information is required)

Full Name	Social Security #	Date of Birth
Address	City	State Zip
Full Name	Social Security #	Date of Birth
Address	City	State Zip

**UTMA** as custodian for \_\_\_\_\_ (minor) under the Uniform Transfer to Minors Act.

Successor Custodian	Minor's Social Security #	Date of Birth
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Please sign and return this form along with your opening deposit(s). Be prepared to show the following required identification (or if you return the application by mail, please include photocopies, both sides):

Valid Drivers License and one of the following or Valid State ID and two of the following: certified copy of birth certificate, military ID with photo, utility bill (in your name & address), health insurance card, rent receipt (in your name & address), employment ID, original Social Security Card, pay stub (current), valid passport, student ID (current year), valid credit card, alien ID card with photo

*NOTE: To help the government fight the 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 will also ask to see your driver's license and other identifying documents.*

### Credit Union Use Only

<input type="checkbox"/> New Account	<input type="checkbox"/> Reopened Account	<input type="checkbox"/> Change
Account # _____	Member Group # _____	Verification _____
Date Opened _____	Opened By _____	ID Type _____
Chex Systems _____	OFAC _____	ID Type _____
Date of Change _____	Reason for Change _____	Changed By _____