



P.O. Box 26406
 Oklahoma City, OK 73126
 405/682-1990
 1-800-448-1990

APPLICATION FOR MEMBERSHIP

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT INCLUDING LOANS and SAFE DEPOSIT BOXES – 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. What this means to you: 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 may also ask to see your driver’s license or other identifying documents.

All of the terms, conditions, type of account ownership, account selection and other information indicated on this form apply to all of the accounts listed below unless True Sky Credit Union (True Sky CU) is notified in writing of a change.

Member Name _____ Account Number _____
 Address _____ SSN/TIN _____
 _____ ID # _____ ST/Ctry _____ Exp _____
 Date of Birth _____ Home Phone _____ Work _____ Cell _____
 Email _____ Code Word/Place of Birth _____
 Employer **and** Job Title or Position _____
 Eligibility for Membership _____

Account(s): Share Draft Checking Sub Account **Product(s):** Flightline/Mobile Banking/TARA
 Money Market Visa Check Card

JOINT ACCOUNT OWNERSHIP

Member Name _____ Joint Owner Primary # _____
 Address _____ SSN/TIN _____
 _____ ID # _____ ST/Ctry _____ Exp _____
 Date of Birth _____ Home Phone _____ Work _____ Cell _____
 Email _____ Code Word/Place of Birth _____
 Employer **and** Job Title or Position _____ Relation to Owner _____

Member Name _____ Joint Owner Primary # _____
 Address _____ SSN/TIN _____
 _____ ID # _____ ST/Ctry _____ Exp _____
 Date of Birth _____ Home Phone _____ Work _____ Cell _____
 Email _____ Code Word/Place of Birth _____
 Employer **and** Job Title or Position _____ Relation to Owner _____

Add **POA** or **Guardian** or **Rep. Payee** - Add the following fiduciary(ies) on the following:
 [Note: You cannot add a POA/Rep Payee to a trust account.]

All Share Accounts **or** Designate Specific Accounts: _____

Fiduciary 1 _____
 Address _____

 SSN _____
 Date of Birth _____
 Phone: Home _____

Fiduciary 2 _____
 Address _____

 SSN _____
 Date of Birth _____
 Phone: Home _____

Work _____
Cell _____
E-Mail _____
Employer _____

Individual Fiduciary OR Co-Fiduciary
Co-Fiduciary with whom: _____
Can act independently of one another? Yes No

Alternate Fiduciary 1 _____
Address _____

SSN _____
Date of Birth _____
Phone: Home _____
Work _____
Cell _____
E-Mail _____
Employer _____

Individual Fiduciary or Co-Fiduciary
Co-Fiduciary with whom: _____
Can act independently of one another? Yes No

Work _____
Cell _____
E-Mail _____
Employer _____

Individual Fiduciary OR Co-Fiduciary
Co-Fiduciary with whom: _____
Can act independently of one another? Yes No

Alternate Fiduciary 2 _____
Address _____

SSN _____
Date of Birth _____
Phone: Home _____
Work _____
Cell _____
E-Mail _____
Employer _____

Individual Fiduciary or Co-Fiduciary
Co-Fiduciary with whom: _____
Can act independently of one another? Yes No

The True Sky Credit Union is hereby authorized to recognize any of the signatures subscribed on this document in the payment of funds of the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the credit union that all money in the account(s) or deposited in to the account(s), by any or all of the joint owners, will be subject to the withdrawal or receipt by any of them, and payment to any of them or the survivor or survivors shall be valid and they agree to discharge the credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. Any or all of the joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union. The right or authority of the credit union under this agreement shall not be changed or terminated by the owners, or any of them except by written notice to the credit union which shall not affect transactions previously made.

DESIGNATION OF BENEFICIARY

Beneficiary _____ %
Address _____ Phone _____
Date of birth _____ SSN/TIN _____ Relationship to beneficiary(ies) _____
If the Beneficiary is a minor, please indicate a Custodian: _____
Address _____ Phone _____
Date of birth _____ SSN/TIN _____ Relationship to Custodian _____

Beneficiary _____ %
Address _____ Phone _____
Date of birth _____ SSN/TIN _____ Relationship to beneficiary(ies) _____
If the Beneficiary is a minor, please indicate a Custodian: _____
Address _____ Phone _____
Date of birth _____ SSN/TIN _____ Relationship to Custodian _____

POD beneficiaries are optional. The beneficiary(ies) shall be beneficiary to all sub accounts (with the exception of Individual Retirement Accounts and Trust Accounts) offered by the credit union unless otherwise designated. I reserve the right to change beneficiary(ies) by execution of a membership change card. If this is a joint account, upon my death, all funds would become the property of the joint owners. Funds cannot be transferred to a beneficiary unless all owners are deceased. Payment of funds to the designated beneficiary (ies) as appointed by myself under this contract will discharge the credit union from any and all liability to the extent of such payment.

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACK UP WITHHOLDING

The number shown on this form is my correct taxpayer identification number. Under penalties of perjury, I certify the statements in this section and that I am a U.S. person (including a U.S. resident alien).

I **am not** subject to backup withholding as a result of a failure to report all interest or dividends **or** the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

CONSUMER CREDIT REPORT

True Sky CU will pull a consumer credit report on you for the purposes of qualifying you for the services you have requested and as part of its member identification program. By signing this Application you hereby provide True Sky CU authorization to obtain the consumer credit report. Inquiries have the potential to impact your credit score.

ELECTRONIC DISCLOSURES

I do hereby elect to receive electronic statements, letters, notices and disclosures from True SkyCU. By signing below, I acknowledge that I have received, consent to and agree to the User Agreement and Consent for Electronic Disclosures through the True SkyCU Flightline service. My electronic statements, letters, notices and disclosures should be delivered to the following e-mail address: _____.

SIGNATURES/AUTHORIZATION

By signing below, you certify that the information on this Membership Application is complete, true and submitted for the purpose of obtaining the accounts and services requested. You agree: You acknowledge receipt of and agree to the terms and conditions of the Membership Application, Truth in Savings Rate and Fee Schedule, Account Agreements including the Funds Availability Policy Disclosure, Visa Check Card Disclosure Statement, Online/Mobile/TARA Agreement and Disclosure, if applicable, and to any amendment True Sky Credit Union makes from time to time which are incorporated herein.

***** ATTACH PHOTOCOPY OF UNEXPIRED DRIVERS LICENSE(S) IF RETURNING BY MAIL *****

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

For Credit Union Use Only:

Acct Number

Employee

Date

Branch

