



**OLYMPIA  
CREDIT UNION**

Serving Your Community Since 1965

P.O. Box 7549 Olympia, WA 98507

Olympia Branch  
1-360-754-5559

Lacey Branch  
1-360-456-7037

## MEMBERSHIP APPLICATION

\_\_\_\_\_  
Prime Applicant

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Eligibility

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Joint Applicant

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Beneficiary

\_\_\_\_\_  
Birth Date or SSN

\_\_\_\_\_  
Percent

\_\_\_\_\_  
Relation to Prime Applicant

\_\_\_\_\_  
Beneficiary

\_\_\_\_\_  
Birth Date or SSN

\_\_\_\_\_  
Percent

\_\_\_\_\_  
Relation to Prime Applicant

By signing below, I/we make application for membership in Olympia Credit Union and agree to conform to its bylaws and amendments. I/we agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, Funds Availability Policy, Electronic Funds Transfer Disclosure and to any amendments you may make from time to time which are incorporated herein. I/we acknowledge receipt of the Disclosure Booklet. Deposits are Federally insured by the National Credit Union Administration, a U.S. Government agency, up to \$250,000.00

\_\_\_\_\_ Please sign me up for Credit Union Connections and Home Banking  
Yes      No

ACCOUNT OWNERSHIP: Please check one

- \_\_\_\_\_ Single Party
- \_\_\_\_\_ Multiple Party with Right of Survivorship
- \_\_\_\_\_ Revocable Living Trust
- \_\_\_\_\_ Uniform Transfer/Gift to Minors Account

I irrevocably waive rights to dispose of non-probate assets under any existing or future will for my accounts at Olympia Credit Union. I understand that the funds in my account(s) will pass outside my will to joint owners if any are designated on my account, and further, passing to account beneficiaries if I so choose.

\_\_\_\_\_ -or- \_\_\_\_\_ -or- \_\_\_\_\_      \_\_\_\_\_  
Yes      -or-      No      -or-      n/a      Signature of Prime Applicant

Under Penalties of Perjury, I certify that the number shown on this form is my correct taxpayer identification number and that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding, as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified that I am no longer subject to backup withholding, and that I am, unless designated below, a U.S. Person (including a U.S. Resident Alien).

\_\_\_\_\_  
Signature of Prime Applicant      Date

\_\_\_\_\_  
Signature of Joint Applicant      Date

State of \_\_\_\_\_  
County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
Is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_  
My appointment expires \_\_\_\_\_

(seal or stamp)