

**PLEASE TELL US ABOUT YOURSELF**

**I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNT:**

- Regular Share Savings     Checking  
 Money Market             Holiday Club             IRA Savings  
 Certificate Account with the following term:  6 months     12 months

Credit Union Use Only: Account No. _____
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**I AM:**

- An Existing Member. My member or account number is:** \_\_\_\_\_
- A New Member. I qualify for membership because I;**
- I am employed at Nordstrom    Employee ID # \_\_\_\_\_
- I am an immediate family member of a current member, or reside in the same household.  
 Current member name: \_\_\_\_\_ Relationship to current member: \_\_\_\_\_
- I am retired from Nordstrom    Employee ID # \_\_\_\_\_

**I AM THE PRIMARY ACCOUNT OWNER. MY INFORMATION IS AS FOLLOWS:** (existing members need only complete name & SSN)

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)			APT/UNIT #	CITY
			STATE	ZIP
YEARS AT RESIDENCE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		MONTHLY PAYMENT \$	
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	DATE OF BIRTH	PLACE OF BIRTH	
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: _____ <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____				
EMPLOYER'S NAME AND ADDRESS		OCCUPATION	GROSS MONTHLY SALARY	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS	

**I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT** (do not complete if you will be the only owner on the account):

This joint account is:  with the right of survivorship     without the right of survivorship

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)			APT/UNIT #	CITY
			STATE	ZIP
YEARS AT RESIDENCE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		MONTHLY PAYMENT \$	
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	DATE OF BIRTH	PLACE OF BIRTH	
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: _____ <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____				
EMPLOYER'S NAME AND ADDRESS		OCCUPATION	GROSS MONTHLY SALARY	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS	

**IF YOU HAVE ADDITIONAL JOINT OWNERS, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION.  
 ALL JOINT OWNERS MUST SIGN THIS APPLICATION.**

<input type="checkbox"/> (Optional)	<b>I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die):</b>				
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.

**ADDITIONAL ACCOUNT SERVICES – I would like the following additional services:**

- Debit Card** attached to my Checking Account (use at ATMs and for purchases at places that accept the Card)
- Additional Card for Joint Owner.
- ATM Card** (use to withdraw/deposit money at ATMs)
- Additional Card for Joint Owner.
- Audio Response** is available to all members by phoning 800.688.5442.
- Online Banking, E-Statements and Bill Pay** are available by logging on to our website and following the instructions.

**OVERDRAFTS**

Please tell us how you would like overdrafts to be treated by completing the following:  
*(You must complete BOTH this section and the separate "What You Need to Know about Overdraft Fees" form)*

1. **Overdraft Protection Plan.** Under the Overdraft Protection Plan, I may authorize you to pay transactions that would cause an overdraft of my checking account by transferring funds from an existing savings account, or by advancing funds from a line of credit. If I elect Overdraft Protection, you will look to this plan for funds to cover my overdrafts before you use your standard overdraft procedures. If I choose not to elect Overdraft Protection, or I have insufficient funds in my account or insufficient credit available on my line of credit to cover the overdrafts, then your standard overdraft practices will govern. Under those practices, you may (but don't have to) pay checks and automatic bill payments that cause overdrafts; if you do so, you will charge me a fee. If an ATM transaction or one-time debit card transaction causes the overdraft, I must tell you if I want you to pay such transactions or to decline such transactions. (See separate "What You Need to Know About Overdrafts and Overdraft Fees")

Yes, I would like Overdraft Protection. Please pay any overdrafts in my checking account by withdrawing deposit account funds or charging the loan account as follows:  
*(indicate the order you would like funds transferred by placing 1 for first choice, 2 for second choice, etc. If there are not sufficient available funds in your first choice, then funds will be transferred from your second choice, etc.):*

Regular Share Savings Account     Regular Money Market     Line of Credit

I will not be charged a fee for this service.

No thanks; I will use your standard overdraft practices.

2. **Standard Overdraft Practices.** Please complete the separate "What You Need to Know About Overdrafts and Overdraft Fees" document.

**TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:**

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

- I am not subject to backup withholding due to failure to report interest and dividend income     I am subject to backup withholding
- I am a U.S. Citizen     I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

**AUTHORIZED SIGNATURES**

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and to any amendments made thereto.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

**Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.**

**IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

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. This means that 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 or other identifying information.

**THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING**

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

