

Credit Union Use Only

OPEN DATE

MEMBER #/M

Beneficiary Designations (please print)

Please indicate up to three beneficiaries. This designation does not preclude the joint owner's right of survivorship. Check all accounts for which this designation applies:

- Free Island Checking Money market
 Share savings Share certificate
 MatriMoney®

Last Name	First Name	Middle Initial
-----------	------------	----------------

Social Security Number or Birth Date (MM-DD-YYYY)

Last Name	First Name	Middle Initial
-----------	------------	----------------

Social Security Number or Birth Date (MM-DD-YYYY)

Last Name	First Name	Middle Initial
-----------	------------	----------------

Social Security Number or Birth Date (MM-DD-YYYY)

Credit Union Use Only (please print)

Employee/Branch

ChexSystems Supv Approval

Membership Officer Signature	MO Approval Date
------------------------------	------------------

QC'd By

Mem ID#1—Type/#	Issue Date	Issued By	Exp
-----------------	------------	-----------	-----

Mem ID#2—Type/#	Issue Date	Issued By	Exp
-----------------	------------	-----------	-----

Jt Mem ID#1—Type/#	Issue Date	Issued By	Exp
--------------------	------------	-----------	-----

Jt Mem ID#2—Type/#	Issue Date	Issued By	Exp
--------------------	------------	-----------	-----

Signatures and Agreement**PLEASE READ CAREFULLY BEFORE SIGNING:**

You are applying for NORTH ISLAND CREDIT UNION membership and deposit account(s) indicated on the reverse side of this form. By signing below you acknowledge and agree to the following:

1. I understand I will receive a copy of the Deposit Account Agreement and Disclosure and agree to be bound by the terms and conditions contained herein.
2. The bylaws of the credit union shall be binding upon me.
3. The funds paid into any account shall be considered as being held by each owner of that account equally, with right to survivorship and regardless of net contribution, and that the credit union is under no obligation to inquire as to the source of any contribution.
4. The credit union is authorized to recognize any of the signatures below for the transaction of any business on any account on which that party is named as signer.
5. I authorize the credit union to check my account and credit history, and to obtain a credit report from third parties to verify my eligibility for accounts and services.
6. The credit union may verify this information from whichever sources it deems necessary, and may now and in the future provide others with information regarding my credit history with the credit union, to the extent permitted by the law.
7. This account is NON-TRANSFERABLE except on the records of the credit union.

SIGNATURE OF MEMBER X	DATE
SIGNATURE OF JOINT MEMBER X	DATE
TAXPAYER IDENTIFICATION NUMBER (TIN) CERTIFICATION: <small>I certify, under penalty of perjury, (1) that the Taxpayer Identification Number I have given you is correct, (2) that I am not subject to backup withholding, unless I have indicated so on the reverse side of this form, and (3) that I am a U.S. person, unless I have provided you with Form W-8BEN Certification of Foreign Status of Beneficial Owner for United States Tax Withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.</small>	
SIGNATURE OF MEMBER X	DATE

Mailed applications must include a photocopy of the member's driver's license and joint member's driver's license.

For more information, call toll free:

- In California — 800/848-5654
- Outside California — 800/752-4419

When you have completed this membership application:

- Bring it to any Island branch or
- Mail it to North Island Credit Union, Attn: New Members, P.O. Box 85833, San Diego, CA 92186-5833
- Please include copy of drivers license

The Island right for you.™

