

Member Application and Ownership Agreement

Member Name:	SSN/TIN:	
Joint Owner Name:	SSN/TIN:	
TIN CERTIFICATION & BACKUI	WITHHOLDING INFORMATION	
Under penalties of perjury, I certify that:		
(1) The number shown on this form is my correct taxpayer identification number,		
☐ (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified m		that I am subject to backup
(3) I am a US citizen or other U.S. person. For federal tax purposes, you are considered a U corporation, company, or association created or organized in the United Sates or under the laws Regulations Section 301.7701-7).		
(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FAT	CA reporting is correct.	
<u>Certification Instructions</u> . Check the box for item 2 above if you have been notified by the IRS all interest and dividends on your tax return. By checking this box, this serves to strikeout the language completed, your signature does not serve to certify this section.		
Exempt payee code (if any)	Exemption from FATCA reporting code (if any)	
SIGNATURES &	a AGREEMENTS	
 I apply for membership in Potlatch No. 1 Financial Credit Union (hereinafter referred to as PIFCU) and agree to conform to its laws, by-laws and policies. I further agree to abide by the current fee schedule and operating policies of PIFCU. This account is Non-Transferable. I request that Personal Identifications Number (PIN) be issued to me for use with electronic devices that P1FCU may provide. I promise that everything that I have stated in this application is correct. I authorize PIFCU to check my employment and credit history and to obtain credit reports in connection with my request for membership and/or credit and for any update, renewal or extension of the credit received. I understand that P1FCU will rely on the information I have provided herein and in my credit reports. If there are any important changes, I will notify P1FCU in writing immediately. I also agree to notify P1FCU any change in My name, address or employment within a reasonable time thereafter. IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Financial 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. 	applicable account terms and conditions, as amended from time to time; to pay any membership or entrance fee; and authorize PIFCU to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certify that the information provided on this agreement is true and correct and that the terms on this agreement apply to all listed accounts. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to the accounts and services elected and any amendments P1FCU makes from time to time, which are incorporated herein. SOCEDURES FOR OPENING A NEW anding of terrorism and money laundering institutions to obtain, verify, and recordens an account. What this means to you: ur name, address, date of birth and other e may also ask to see your driver's license	
Under the penalties of perjury, I certify that the information provided on the	is form is true, correct and complete.	
X(Signature Primary Member) (Date)	X(Signature Joint Owner)	
(Signature Primary Member) (Date)	(Signature Joint Owner)	(Date)
Approved by Membership Officer:		
(Signature)	(Date)	
I qualify for membership because:		