Member Name:		SSN/TIN:		
Joint Owner Name:		SSN/TIN:		
TIN	CERTIFICATION & BACKUP W	ITHHOLDING INFORMATION		
Under penalties of perjury, I certify that	at:			
(1) The number shown on this form	n is my correct taxpayer identif	ication number.		
	IRS) that I am subject to backu	npt from backup withholding, or (b) p withholding as a result of a failure ubject to backup withholding.		
is a U.S. citizen or a U.S. reside	nt alien; a partnership, corpora United States; an estate (othe	es, you are considered a U.S. persor tion, company, or association creat er than a foreign estate); or a domes	ed or organized in the United	
(4) The FATCA code(s) entered on	(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
backup withholding because you l	have failed to report all interest elated to underreporting. Com	nave been notified by the IRS that yo t and dividends on your tax return. E plete a W-8 BEN if you are not a U.S	By checking this box, this	
Exempt payee code (if any)	Exemp	tion from FATCA reporting code (if	any)	
	SIGNATURES & A	GREEMENTS		
1. I apply for membership in Potlatch No (hereinafter referred to as P1FCU) an by-laws and policies. I further agree the schedule and operating policies of P7 Non-Transferable. I request that Pers (PIN) be issued to me for use with elemay provide. 2. I promise that everything that I have correct. I authorize P1FCU to check nand to obtain credit reports in connemembership and/or credit and for an the credit received. I understand that information I have provided herein ar are any important changes, I will notialso agree to notify P1FCU any changemployment within a reasonable time. 3. IMPORTANT INFORMATION ABOUT PRACCOUNT: To help the government fit money laundering activities, Financia institutions to obtain, verify, and receach person who opens an account. You open an account, we will ask for and other information that will allow ask to see your driver's license or other accounts.	d agree to conform to its laws, to abide by the current fee IFCU. This account is sonal Identification Number actronic devices that P1FCU stated in this application is my employment and credit history ction with my request for y update, renewal or extension of t P1FCU will rely on the ad in my credit reports. If there fy P1FCU in writing immediately. I ge in My name, address or e thereafter. INCCEDURES FOR OPENING A NEW ght the funding of terrorism and all law requires all financial ord information that identifies what this means to you: When your name, address, date of birth us to identify you. We may also	 4. By signing below the undersigned a Credit Union and applicable accour amended from time to time; to pay fee; and authorize P1FCU to verify by any necessary means, including a credit reporting agency. The underinformation provided on this agreement at the terms on this agreement a undersigned acknowledge receipt conditions applicable to the accour amendments P1FCU makes from the incorporated herein. 5. You grant P1FCU a security interest account(s) you have with us. That is repayment of any debt or obligation "Account" as used herein, means an P1FCU, any sub-account, whether i account, draft account, share certiful deposit. When you are in default of P1FCU we may withdraw funds from same to any debts or obligations you retirement Accounts, and any othe special tax treatment under state of collateral, are not subject to the servour Account(s). 	any membership or entrance credit and employment history preparation of a credit report by ersigned certify that the ment is true and correct and pply to all listed accounts. The of a copy of the terms and his and services elected and any me to time, which are in any present or future elecurity interest will secure your hyou own to PIFCU. The term hy account you have with to be a single or a joint share ficate, or time certificate or any agreement you have with n your Account and apply the pur owe to PIFCU. Individual er account that would lose or Financial law if pledged as	
Under the penalties of perjury, I certify tha	at the information provided on	this form is true, correct and compl	ete.	
x(Signature Primary Member)	(Date)	x(Signature Joint Owner)	(Date)	
(orginature Frimary Melliber)	(Date)	(Signature Source Owner)	(Date)	

(Date)

(Signature)

Approved by Membership Officer:

I qualify for membership because: