

DESIGNATION OF PAY ON DEATH BENEFICIARIES

Beneficiary #1	Relationship	Taxpayer Identification Number	Date of Birth
		- -	
Street Address (residential)	City	State	Zip
			Distribution %
Beneficiary #2	Relationship	Taxpayer Identification Number	Date of Birth
		- -	
Street Address (residential)	City	State	Zip
			Distribution %
Beneficiary #3	Relationship	Taxpayer Identification Number	Date of Birth
		- -	
Street Address (residential)	City	State	Zip
			Distribution %

PAYER'S REQUEST FOR W-9 CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

PART I: TAXPAYER IDENTIFICATION NUMBER (TIN). Enter your TIN in the field below. For individuals, this is your social security number (SSN) or your individual taxpayer identification number (ITIN). For sole proprietors and other business entities, this is your employer identification number (EIN). If you do not have a taxpayer identification number, see instructions "How to Get A TIN." Foreign persons without a resident alien status may be eligible to complete IRS form W-8BEN rather than this W-9 certification.	Taxpayer Identification Number
PART II: CERTIFICATION. Under penalties of perjury I certify that:	
1. The number shown on this form is my correct taxpayer identification number, and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result for failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien).	
Signature of Owner X	Date

ACCOUNT AGREEMENT

In this Agreement "I" and "My" mean each and every person who signs below. "Payee" means the primary account holder. "You" and "Your" mean Bay Federal Credit Union. I agree that you may retain this card and any other information that you may receive.

I authorize you to verify all applications through ChexSystems.

If I am not currently a member, I hereby apply for membership in Bay Federal Credit Union and certify that I am within the Credit Union's field of membership. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth-In-Savings Disclosure and Electronic Funds Transfer Disclosure (receipt of which is hereby acknowledged and which is incorporated by this reference). Included with this application is my one-time, nonrefundable \$5 membership enrollment fee and opening balance. I understand that if I close my membership and leave Bay Federal Credit Union within 180 days of joining, \$5 will be collected as a closing fee.

If this is a joint account with the primary member being a minor, I agree to be fully responsible for any and all transactions on this account whether personally performed by me or not. I acknowledge that Joint Ownership does not constitute Credit Union membership.

I understand and agree that you are hereby authorized by me to obtain consumer credit reports to assist in verifying my identity, evaluating my credit worthiness for pre-approved credit, or for specific credit services requested by me. I also authorize you to give information concerning your credit experience with me to others.

The Credit Union reserves the right to limit services based on information provided by credit reporting agencies and/or ChexSystems after the account is opened.

All funds on deposit and parties to the account remain subject to liens, security interests, rights of offset, and charges, notwithstanding the determination or allocation of net contributions with respect to the parties. All loans including Visa are subject to offset. Funds will not be released to beneficiaries until loan accounts have been settled.

I authorize you to clear any overdrafts of my account(s) by transferring funds from any savings, money market and line of credit accounts held by me now and in the future. If applicable, the terms and conditions contained in my Visa or Signature Line of Credit Account Agreement and Federal Truth-in-Lending Disclosure Statement(s) are incorporated herein by this reference. If I wish to decline overdraft protection, I must do so by written request to you.

The Credit Union may pay overdrafts on accounts in good standing. The overdrawn amount is due and payable upon notification, and, in all cases, must be covered by a deposit. Fees apply to overdrafts- see Schedule of Fees and Charges. I understand and agree that this card shall govern all the account(s) set forth above.

IMPORTANT INFORMATION 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. What this means for you: when you open a new 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 documents.

Signature of Owner X	Date
Signature of Joint Owner #1 X	Date
Signature of Joint Owner #2 X	Date

BAY FEDERAL CREDIT UNION APPROVAL

Signature of Bay Federal Representative X	Print Name of Bay Federal Representative	Date
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