

# MCCLATCHY EMPLOYEES CREDIT UNION ACCOUNT AGREEMENT AND MEMBERSHIP APPLICATION

I hereby make application for membership in, and agree to conform to the Bylaws (as amended), of the McClatchy Employees Credit Union, who is authorized to recognize any of the signatures below in the payment of funds or the transaction of any business on this account. The parties to this account agreement agrees with each other and with the Credit Union that all shares in this account shall be owned as follows:

**Individual Account** - This account or certificate is owned by the named party. Upon the death of that party, ownership passes to the named pay-on-death payee(s).

**Joint Account** - This account is owned by the named parties. Upon the death of any of them, ownership passes to the survivor(s).

The owner(s) of this account agree with each other and with the Credit Union that all shares and all accumulations thereon subject to the withdrawal or receipt by any of the owners, and payment to any of them shall be valid and discharge the Credit Union from any liability for such payment. The owner(s) of this account expressly agrees that he or she is jointly and severally liable for any and all overdrafts, fees, or charges on this account created by any owner. All funds in an account remain subject to liens, security interests, rights of setoff, and charges notwithstanding the source of the contribution.

Any or all of the owners may pledge all or any part of the shares in this account as security for a loan or loans with the Credit Union. The right or authority of the Credit Union under this agreement shall not be changed or terminated by owners, or any of them, except by written notice to the Credit Union, which written notice shall not affect transactions previously made. Shares are not transferable except on the books of the Credit Union. All parties to this account agreement shall keep the Credit Union informed of any change(s) in their address(es). I authorize my employer to make such payroll deductions with respect to any McClatchy Employees Credit Union contracts as I may execute, either orally or in writing. I hereby delegate your Board of Directors by majority vote to appoint a proxy to represent me at all meetings of the members of this Credit Union, and to vote for me in my name on all questions and elections coming before said meeting. This proxy shall remain in force for three years from date of signature, unless cancelled in writing. I reserve the right to withdraw this proxy from any meeting I attend in person.

The Credit Union makes credit available to its members on a regular basis. The owner(s) of the account authorize the Credit Union to obtain consumer reports, and the owner(s) of the account authorize any person, association, or corporation to furnish on request of this Credit Union, information concerning the affairs of the account owner(s). The owner(s) also authorize the Credit Union to furnish information concerning this account to consumer reporting agencies. We may run a consumer report if you request us to open a share draft/checking account for you and before issuing you an ATM card.

**NOTE:** If you are married and (1) your spouse is not included as joint owner, and (2) an individual other than your spouse is included as a joint owner, or (3) an individual other than or in addition to your spouse is designated as a beneficiary of this account, then unless the appropriate consent of spouse provision is completed, your spouse may retain a community property interest in this account which could change its final distribution. The owner(s) agree to indemnify the credit union for any and all costs incurred by the credit union resulting from claims made by a non-consenting spouse. If you have any questions, the Credit Union encourages you to consult with your attorney, accountant or other personal financial advisor.

X	X
MEMBER'S SIGNATURE	JOINT OWNER'S SIGNATURE
DATE	DATE

## Member Information

Member Name (PLEASE PRINT)			Date of Birth		Social Security Number	
Street Address			Home Phone		Business Phone	
City	State	ZIP	Mother's Maiden Name		Driver's License Number	
Employer	Employee ID #	Employment Date	Occupation	Hours/Week	Bi-weekly payroll deduction (minimum \$10)	

## Joint Owner Information

Joint Owner's Name (PLEASE PRINT)			Date of Birth		Social Security Number	
Street Address			Home Phone		Business Phone	
City	State	ZIP	Mother's Maiden Name		Driver's License Number	

## Designation of Beneficiary (Shares)

**Member**  
In the event of my death and all other joint owners predecease me, I hereby designate the person whose name appears below as my beneficiary to receive any and all amounts in this account.

Name of Beneficiary		
Street Address		
City	State	ZIP
X		
Member's Signature		

**Joint Owner**  
In the event of my death and all other joint owners predecease me, I hereby designate the person whose name appears below as my beneficiary to receive any and all amounts in this account.

Name of Beneficiary		
Street Address		
City	State	ZIP
X		
Joint Owner's Signature		

## Consent of Spouse (Optional)

**NOTE:** By completing this provision, you are relinquishing valuable community property rights, to the extent that you possess them, in the funds on deposit in this account. If you have any questions, the credit union encourages you to consult with your attorney, accountant, or other personal financial advisor. (This area should be completed if a person other than your spouse is included as a joint owner, or is designated as a beneficiary of the account.) I approved and consent to the above form of ownership. I understand that by signing below I give to the account owner or any designated beneficiary any interest I have in the account, and in so doing, hereby transmute any community property interest I have in the funds deposited in this account into the separate property of my spouse.

X	Date
Spouse's Signature	Date
Spouse of Member/Joint Owner (PLEASE PRINT)	

X	Date
Spouse's Signature	Date
Spouse of Member/Joint Owner (PLEASE PRINT)	

## PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Part I. Enter your name and TIN in the boxes below. For individuals, this is your Social Security Number (SSN). For other entities, it is your employer identification number (EIN).

Name	Social Security Number or Employer I.D. Number
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Part II. For U.S. Payees Exempt from Backup Withholding (See Instructions)

Part III. Certification. Under penalties of perjury I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 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 of a failure to report all interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding, and I am a U.S. person (including a U.S. resident alien). Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account, and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

X	Date
Signature	Date

For Credit Union use only

Account Number: _____	Application approved by: _____	Signature: _____	Date: _____
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