



Account Card

MEMBER NO: _____

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 when opening a new account.

What this means for 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.

MEMBER/OWNER INFORMATION

Primary Member/Owner: SSN/TIN: _____

Street: _____ Driver's Lic. No: _____

City/State/Zip: _____ Date of Birth: _____

P.O. Box: _____ Mother's Maiden Name: _____

Home Phone: _____ Password/PINN: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____ Employer: _____

Profession/Job Title (if retired, please input former profession/job title): _____

Preferred Method of Contact: E-mail Phone Mail

Membership Eligibility:(I currently) Live Work Worship Regularly Conduct Business Family Other _____

In Which County: Union Essex

Citizenship Status: US Citizen Permanent Resident Non-permanent Resident Country Of Citizenship: _____

How did you hear about us? Ad Friend/Family Website Work Other _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship Address Information Same As Primary Member

Joint Owner: SSN/TIN: _____

Street: _____ Driver's Lic. No: _____

City/State/Zip: _____ Date of Birth: _____

P.O. Box: _____ Mother's Maiden Name: _____

Home Phone: _____ Password/PINN: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____ Employer: _____

Profession/Job Title (if retired, please input former profession/job title): _____

Citizenship Status: US Citizen Permanent Resident Non-permanent Resident Country of Citizenship: _____

ACCOUNT DESIGNATIONS

UTMA/UGMA

_____ (as custodian for _____ (minor)

under the Uniform Transfers/Gifts to Minors Act.)

Minor's SSN/TIN: _____ Minor's Date of Birth: _____

<input type="checkbox"/> Payable on Death (POD) Beneficiary/POD Payee: _____ Street: _____ City/State/Zip: _____	<input type="checkbox"/> All Accounts SSN/TIN: _____ Date of Birth: _____ Phone: _____
<input type="checkbox"/> Payable on Death (POD) Beneficiary/POD Payee: _____ Street: _____ City/State/Zip: _____	<input type="checkbox"/> All Accounts SSN/TIN: _____ Date of Birth: _____ Phone: _____
<input type="checkbox"/> Payable on Death (POD) Beneficiary/POD Payee: _____ Street: _____ City/State/Zip: _____	<input type="checkbox"/> All Accounts SSN/TIN: _____ Date of Birth: _____ Phone: _____

ACCOUNT TYPES

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed.

P=Primary Member J=Joint Member

P	J	Account Description	P	J	Account Description
<input type="checkbox"/>	<input type="checkbox"/>	Share/Savings	<input type="checkbox"/>	<input type="checkbox"/>	Savings
<input type="checkbox"/>	<input type="checkbox"/>	Share Draft/Checking	<input type="checkbox"/>	<input type="checkbox"/>	Savings
<input type="checkbox"/>	<input type="checkbox"/>	Share Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Savings
<input type="checkbox"/>	<input type="checkbox"/>	Share Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Share Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Share Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Other

ACCOUNT SERVICES

<input type="checkbox"/> E-Statements/E-Notices <input type="checkbox"/> Online Banking <input type="checkbox"/> Bill Pay <input type="checkbox"/> Mobile Banking	<input type="checkbox"/> ATM Card (share account only) <input type="checkbox"/> Debit Card <input type="checkbox"/> Debit Rewards <input type="checkbox"/> Payroll Deduction/Direct Deposit <input type="checkbox"/> VISA Credit Card (additional application required and subject to approval)	<input type="checkbox"/> Loans (additional application required and subject to approval) <input type="checkbox"/> Personal <input type="checkbox"/> Auto <input type="checkbox"/> Overdraft <input type="checkbox"/> Mortgage/Home Equity <input type="checkbox"/> Other
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TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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), 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 of a 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

Certification Instructions. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge that I/we have received and read the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge that I/we have received and read the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member/Owner	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

FOR CREDIT UNION USE ONLY - MEMBER VERIFICATION

Primary Member							
Type of Identification	Identification Number	ID Issuance (State/Country)	Issuance Date	ID Expiration Date	Employee Initials	Date	Chex Systems Verified?
<input type="checkbox"/> Driver's License							
<input type="checkbox"/> Passport							
<input type="checkbox"/> Other							

Joint Member							
Type of Identification	Identification Number	ID Issuance (State/Country)	Issuance Date	ID Expiration Date	Employee Initials	Date	Chex Systems Verified?
<input type="checkbox"/> Driver's License							
<input type="checkbox"/> Passport							
<input type="checkbox"/> Other							