

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 some type of positive identification.

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: _____

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: _____
Preferred Method of Contact: <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> Mail	
Membership Eligibility:(I currently) <input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Worship <input type="checkbox"/> Regularly Conduct Business <input type="checkbox"/> Family <input type="checkbox"/> Other _____	
In Which County: <input type="checkbox"/> Union <input type="checkbox"/> Essex	
How did you hear about us? <input type="checkbox"/> Ad <input type="checkbox"/> Friend/Family <input type="checkbox"/> Website <input type="checkbox"/> Work <input type="checkbox"/> Other _____	

ACCOUNT OWNERSHIP

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

Individual Joint Account with Rights of Survivorship

Joint Owner:	SSN/TIN: _____
(Information same as above) <input type="checkbox"/>	
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: _____

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

ACCOUNT TYPE

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 Share _____	<input type="checkbox"/>	<input type="checkbox"/>	Kickstart Savings _____
<input type="checkbox"/>	<input type="checkbox"/>	Draft/Checking Share _____	<input type="checkbox"/>	<input type="checkbox"/>	Smart Savings _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificate Share _____	<input type="checkbox"/>	<input type="checkbox"/>	Ultra Savings _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificate Share _____	<input type="checkbox"/>	<input type="checkbox"/>	Insurance _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificate Share _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificate _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

ACCOUNT SERVICES

<input type="checkbox"/> E-Services	<input type="checkbox"/> ATM Card (share account only)	<input type="checkbox"/> Loans
E-Statements/E-Notices	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Personal
Online Banking	<input type="checkbox"/> Debit Rewards	<input type="checkbox"/> Auto
Bill Payer	<input type="checkbox"/> Payroll Deduction/Direct Deposit	<input type="checkbox"/> Overdraft
Mobile Banking	<input type="checkbox"/> VISA Credit Card	<input type="checkbox"/> Mortgage/HELOC
		<input type="checkbox"/> OTHER

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; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*

Certification Instructions. Cross out item 2 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings 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 receipt of a copy of 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 receipt of the Electronic Fund Transfers Agreement and Disclosure. I/We authorize the Credit Union to verify employment or credit history by any reasonable means, including the preparation of a credit report by a credit reporting agency. I/We certify that the information provided on this application is true and correct and that the terms on this application apply to all listed accounts. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

Primary Member Signature	Date
X	

Joint Member Signature	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	_____	_____	_____	_____	_____	_____	_____