

**SELF RELIANCE (NY) FEDERAL CREDIT UNION
OPEN AN ACCOUNT**

Member Application and Ownership Information

Member / Owner *		Member # *	
<input type="text"/>		<input type="text"/>	
Street *	City *	State *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Zip *	Home Phone *	Work Phone *	E-mail *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN / TIN *	Driver's License # *	Date of Birth *	Password *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer *	Membership Eligibility *		
<input type="text"/>	<input type="text"/>		

Account Ownership

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner		Member #	
<input type="text"/>		<input type="text"/>	
Street	City	State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Zip	Home Phone	Work Phone	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN / TIN	Driver's License #	Date of Birth	Password
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Joint Owner		Member #	
<input type="text"/>		<input type="text"/>	
Street	City	State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Zip	Home Phone	Work Phone	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN / TIN	Driver's License #	Date of Birth	Password
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Joint Owner		Member #	
<input type="text"/>		<input type="text"/>	
Street	City	State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Zip	Home Phone	Work Phone	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN / TIN	Driver's License #	Date of Birth	Password
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Ownership

Payable on Death (POD) / Trust Account

Beneficiary / POD Payee

Street

City

State

Zip

Beneficiary / POD Payee

Street

City

State

Zip

UTMA / UGMA (as custodian for minor under the Uniform Transfers / Gifts to Minors Act)

Minor's SSN / TIN

Agency

Agency only for HSA

Name of Agent

Signature

Date

Other

See Account Authorization Card

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 unless the Credit Union is notified in writing of a change.

<input type="checkbox"/> Share / Savings	Suffix	<input type="text"/>	<input type="checkbox"/> Money Market	Suffix	<input type="text"/>
<input type="checkbox"/> Share Draft / Checking		<input type="text"/>	<input type="checkbox"/> HSA		<input type="text"/>
<input type="checkbox"/> Share Certificate / Certificate		<input type="text"/>	<input type="checkbox"/> Other		<input type="text"/>

* The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "Member Application and Ownership Information" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

Account Services

<input type="checkbox"/> Payroll Deduction / Direct Deposit	<input type="text"/>
<input type="checkbox"/> Audio Response	<input type="text"/>
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority)	<input type="text"/>
<input type="checkbox"/> ATM Card	<input type="text"/>
<input type="checkbox"/> Debit Card	<input type="text"/>
<input type="checkbox"/> PC Access / Internet Banking	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>

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)
- (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
- (3) I am a U.S. person (including a U.S. resident alien)

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

Signature	Date	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature	Date	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For Credit Union Use Only

- See Account Change Card See Insurance Beneficiary Card

Date of Membership	Opened / Approved By	Member Verification
<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access / Internet Banking