

# 1<sup>st</sup> BERGEN Membership Application

Type of Account \_\_\_\_\_

Primary Applicant \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Eligibility (circle those that apply)

- Live • Work • Worship • Volunteer • Attend School

\_\_\_\_\_  
Signature/Date

If account is joint ownership, please fill in below

— Joint Owner —

Name \_\_\_\_\_

Relationship \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Joint Owner Signature/Date

# Election of Account Ownership

Select the ownership type you desire for the account(s) you are specifying below. Your choices will remain in effect for all accounts checked below. Indicate your selection of beneficiary by checking the appropriate box.

Individual  Joint with survivorship (and not as tenants in common)

Custodial Custodian \_\_\_\_\_  
(name & address)

Age of minor at which custodianship is terminated:  18  21

## Beneficiary(ies)

Pay on Death  Estate

In the event of my death, or the death of all owners of this account, the owner(s) hereby designate as my/our beneficiary(ies) all sums in my/our account established on this form.

\_\_\_\_\_  
Name of Beneficiary Phone #

\_\_\_\_\_  
Name of Beneficiary Phone #

## Authorization

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, 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 Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM or EFT service is requested or provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

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

## Backup Withholding Certification and Agreements

CERTIFICATION — By signing below, I (insert your full legal name)

**X** \_\_\_\_\_  
do certify under penalties of perjury that (1) the Taxpayer Identification Number (TIN) shown on this form is my correct TIN (or I am waiting for a number to be issued to me), (2) I am not subject to backup withholding because (a) I am exempt from backup withholding (and have written "Exempt" after my TIN), or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or © 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). (NOTE: You must cross out item (2) above if the IRS has notified you that you are subject to backup withholding because of underreporting of interest or dividends.)

By signing below, the undersigned applies for membership in **1<sup>ST</sup> BERGEN FEDERAL CREDIT UNION**. If approved for membership, the undersigned agrees to the by-laws of the credit union, applicable terms and conditions of accounts (including any amendments which may apply), and to pay any membership or entrance fee. The undersigned agree(s) the information provided in this application is true and correct and that the information provided applies to all listed accounts.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Joint Owner Relationship to Member

\_\_\_\_\_  
Joint Owner Relationship to Member

*Credit Union Use Only: Supervisory Committee Review*

\_\_\_\_\_  
Signature Date