

**IMPORTANT INFORMATION ABOUT PROCEDURE(S) 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 who opens an account. What this means for you: When you open an account, we will ask you 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 Information**

**1. Member Information:** Name: Print Full Name (Inc. middle initial, suffixes -Jr., Sr.) \_\_\_\_\_ Member email Address: \_\_\_\_\_

Member Number: \_\_\_\_\_ Title of Account (If Different from above, i.e. Doe Family Living Trust): \_\_\_\_\_ Member SSN or TIN: \_\_\_\_\_

Street Address: (include apt. #): \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number or other Government ID: \_\_\_\_\_

ID Type: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Street Address: \_\_\_\_\_ Employer City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Check if cell \_\_\_\_\_ Business Phone: \_\_\_\_\_ Membership Eligibility: I am a current or retired employee of \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_ Gross Start Date: \_\_\_\_\_ Position Relationship  
Net I am related to \_\_\_\_\_

**Accounts**

**2. Account(s) Requested:** Select accounts using the boxes below. Except IRA, all accounts selected will be jointly owned if this card lists any "joint owner(s)".

Savings Account  Minor Account  IRA Savings Account (May not be jointly held)

Checking Account  POD Account  UGMA/UTMA Account

Holiday Club Account  Share Certificate Account  Money Market Account  Other: \_\_\_\_\_

**Additional Owners**

**3. Other:**  Check here if joint owner(s) applying for membership and provide eligibility below. Parties listed herein will be deemed joint owners unless you select one of the following:  Trustee  Custodian  Other: (describe: \_\_\_\_\_ )

Name: (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_ Driver's License /Other ID State Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration date \_\_\_\_\_

2. Address \_\_\_\_\_ Eligibility \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

3. Address: \_\_\_\_\_ Eligibility \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

4. Address: \_\_\_\_\_ Eligibility \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

**Services**

**4. Service(s) Requested:** Select the service(s) requested with regard to the account selected above. Note: Some services are not available with certain accounts.

ebranch\* (online account access)

epay\* (online bill payment - available with a Sharonview checking account)

Magic One (24 hour automated telephone account access)

ATM Card (upon approval)

Visa® Debit/CheckCard (upon approval)

Payroll Deduction/Direct Deposit\* (Employees: make request for this service through your employer's payroll department)

Overdraft Protection\* (If approved, overdraft protection will make transfers from the accounts listed below in the order of priority listed):

From my share savings account(s) # \_\_\_\_\_, # \_\_\_\_\_

From my Personal Access Line (PAL) account # \_\_\_\_\_

\*A separate application may be required for this service. No protection from a loan account is provided unless approved for an overdraft account.

**POD**

**5. Payable on Death (POD):** Complete only if POD - not to be used for IRA or other retirement plan accounts.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Birth date: \_\_\_\_\_ Beneficiary SSN#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Birth date: \_\_\_\_\_ Beneficiary SSN#: \_\_\_\_\_

The POD designation only applies to the account(s) listed on this document. I/We understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. I/We understand that upon death of all account owners these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

**Sign**

**6. Authorized Signatures :** BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND ON PAGE 2 OF THIS DOCUMENT.

1. \_\_\_\_\_ Date \_\_\_\_\_ 3. \_\_\_\_\_ Date \_\_\_\_\_  
Signature Date Signature Date

2. \_\_\_\_\_ Date \_\_\_\_\_ 4. \_\_\_\_\_ Date \_\_\_\_\_  
Signature Date Signature Date

**SEE PAGE 2 OF THIS APPLICATION FOR IMPORTANT AGREEMENTS AND CERTIFICATIONS TO US AND THE FEDERAL GOVERNMENT.**

**FOR CREDIT UNION USE ONLY:** Account opened:  In person  Mail  Fax  Internet  SEG sign up  Other \_\_\_\_\_

Date Approved: \_\_\_\_\_, by \_\_\_\_\_ (Membership Officer)

Member/Owner/User identification verified via:

1.  Driver's License  Credit Report  Existing Member  Other\*: \_\_\_\_\_

2.  Driver's License  Credit Report  Existing Member  Other\*: \_\_\_\_\_

3.  Driver's License  Credit Report  Existing Member  Other\*: \_\_\_\_\_

4.  Driver's License  Credit Report  Existing Member  Other\*: \_\_\_\_\_

\* Other ID includes such items as Social Security Card, Military ID, Govt. Benefits Card, or other proper ID.

Membership Eligibility Verification: \_\_\_\_\_

**SIGNATURES, CONSENTS AND AGREEMENTS:** Each applicant, authorized user or other party signing this card, (together herein referred to as “applicant(s)”) hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of Sharonview Federal Credit Union (“Credit Union”). I/We certify that I/We am within the field of membership of this Credit Union if membership is requested. I/we certify the signature(s) on this card apply to all accounts designated; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by any terms and conditions in this card, and in the Membership Agreement & Disclosures Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s), services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.** This card authorizes the Credit Union to open future sub-accounts and/or services in the names of the owners or Account Title listed above. If any representative capacity is indicated on the reverse side, the Credit Union shall provide all statements, notices and other information only to the person designated as having authority (e.g., a “trustee”).

**INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES:** The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding on the reverse side of this Card. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

**FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION:** Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (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. person (including a U.S. resident alien). 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.

**ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON REVERSE SIDE):** The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner; to accept a pledge of all sums deposited now or in the future from any owner; and to enforce any legal or contractual lien rights as to any owner's obligations.