

<input type="checkbox"/> New	<input type="checkbox"/> Name Change
<input type="checkbox"/> Add Joint	<input type="checkbox"/> Minor

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 Name: Print full name as it appears on ID, including initial and suffixes (Jr. / Sr.)		Member Email Address:	
Title of Account (If different from above, i.e. Doe Family Living Trust):		Member SSN or TIN:	
Street Address (Include Apt. #):		Years at residence:	<input type="checkbox"/> Own <input type="checkbox"/> Rent
City:	State:	Zip Code:	Date of Birth:
Driver's License Number or Other Government ID:			
ID Type:	Number:	State:	Issue Date: Expiration Date:
Employer Name:	Years employed:	Employer address:	Employer City, State, Zip Code:
Primary Phone:		Business Phone:	
Mother's Maiden Name:		Monthly Income*: \$	<input type="checkbox"/> Gross <input type="checkbox"/> Net
Membership eligibility: <input type="checkbox"/> Employer <input type="checkbox"/> Community Charter <input type="checkbox"/> Relative <input type="checkbox"/> Association		*You do not need to tell us about income from alimony, child support, or separate maintenance payments if you don't want us to consider it in determining your creditworthiness.	

Statement Options

- Yes, I will register for online banking and receive my free monthly/quarterly statements electronically.
- No, I choose to receive my monthly/quarterly statements in the mail and pay \$10 per statement. I understand that this fee will draft monthly from my checking account.

Joint Member

All joint members are joint with right of survivorship on all non-IRA deposits opened now or in the future under this account.

1. Member Name: Print full name as it appears on ID, including initial and suffixes (Jr. / Sr.)		Member Email Address:	
Title of Account (If different from above, i.e. Doe Family Living Trust):		Member SSN or TIN:	Relationship:
Street Address (Include Apt. #):		Years at residence:	<input type="checkbox"/> Own <input type="checkbox"/> Rent
City:	State:	Zip Code:	Date of Birth:
Driver's License Number or Other Government ID:			
ID Type:	Number:	State:	Issue Date: Expiration Date:
Employer Name:	Years employed:	Employer address:	Employer City, State, Zip Code:
Primary Phone:		Business Phone:	
Mother's Maiden Name:		Monthly Income*: \$	<input type="checkbox"/> Gross <input type="checkbox"/> Net
Membership eligibility: <input type="checkbox"/> Employer <input type="checkbox"/> Community Charter <input type="checkbox"/> Relative <input type="checkbox"/> Association		*You do not need to tell us about income from alimony, child support, or separate maintenance payments if you don't want us to consider it in determining your creditworthiness.	

Signature

Authorized Signatures: BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN.

- Signature _____ Date _____
- Signature _____ Date _____

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 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. If any representative capacity is indicated, 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).

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED): 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.