



MEMBERSHIP APPLICATION

PLEASE COMPLETE THIS FORM, PRINT IT OUT, AND BRING IT TO THE CREDIT UNION WITH AN INITIAL MINIMUM DEPOSIT OF \$20 AND A PHOTO ID TO COMPLETE THE MEMBERSHIP APPLICATION PROCESS.

New Update Date _____ Member No _____

New Alliance FCU Customer Identification Program "CIP Notice"

The USA Patriot Act of 2001 requires New Alliance Federal Credit Union to help the government fight the funding of terrorism and money laundering activities. In order to do so we must obtain basic identifying information from you and verify that information when you open a new account. This means New Alliance Federal Credit Union staff will ask you for some basic information such as your name, address, date of birth and other information designed to help us identify you. Our staff may also ask to see documents of identification, such as a driver's license, passport or some other government-issued document. We appreciate your patience and understanding as we all do our part in complying with the new account identification procedures required by the federal USA Patriot Act of 2001.

Member/Owner Information

Member/Owner Name _____

Mailing Address _____ SSN/TIN _____

City/State/Zip _____ Date of Birth _____

ID Type _____ ID Issuing State _____ ID Issuing Date _____ ID Exp Date _____

ID Number _____

Primary Phone _____ Secondary Phone _____

Email _____

Employer _____ Occupation _____

The IRS-required certifications set forth in the "TIN Certification and Backup Withholding Information" section apply to the member/owner listed above.

Account Ownership

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

Joint Owner/Authorized Signer Information

Joint Owner UTMA/UGMA Custodian Agent Other Authorized Signer (describe) _____

Name _____

Mailing Address _____ SSN/TIN _____

City/State/Zip _____ Date of Birth _____

ID Type _____ ID Issuing State _____ ID Issuing Date _____ ID Exp Date _____

ID Number _____

Primary Phone _____ Secondary Phone _____

Email _____

Employer _____ Occupation _____

Joint Owner/Authorized Signer Information

Joint Owner UTMA/UGMA Custodian Agent Other Authorized Signer (describe) _____
Name _____
Mailing Address _____ SSN/TIN _____
City/State/Zip _____ Date of Birth _____
ID Type _____ ID Issuing State _____ ID Issuing Date _____ ID Exp Date _____
ID Number _____
Primary Phone _____ Secondary Phone _____
Email _____
Employer _____ Occupation _____

Account Types

Share Savings _____ Money Market _____
Share Draft/Checking _____ Other _____
Share Certificate/Certificate _____

Account Services

Debit Card _____
Audio Response _____
Internet Banking _____
Bill Payment _____
Overdraft Protection _____
Other _____

Account Designations

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts _____
Beneficiary/POD Payee _____ Beneficiary/POD Payee _____
SSN/TIN _____ DOB _____ SSN/TIN _____ DOB _____
Street _____ Street _____
City/St/Zip _____ City/St/Zip _____

UTMA/UGMA
_____ (as custodian for _____ (minor)
under the Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN _____

Agency
Name of Agent _____
Signature _____ Date _____

All Accounts Designate Specific Accounts _____

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 US 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 or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing below, I/we agree to the terms and condition 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 Funds Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

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 _____



FOR CREDIT UNION USE ONLY

Date of Membership _____ Opened/Approved by _____ Membership Eligibility _____

Member Verification _____

Verification List(s) Checked: OFAC Other _____

List Verification Completion Date _____ By _____

Reports Checked: Credit Report Check Verification Report Other _____

Overdraft Protection Opt-in Completion Date _____