



Master Membership Application – Custodial Account

Open Date: \_\_\_\_\_
Member Number: \_\_\_\_\_
Account Type: \_\_\_\_\_

I am eligible for membership on the basis that I: [ ] Reside [ ] Work [ ] Volunteer [ ] Attend School [ ] Worship in Dutchess, Orange, Ulster, or Putnam County.

I am an [ ] immediate family [ ] household member of \_\_\_\_\_ who is a current member.

Relationship: [ ] Are you opening an account in response to an offer you received over the Internet?

Primary Signer Identification (Custodian)

ID Type: \_\_\_\_\_ Issued By: \_\_\_\_\_ ID#: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Alternate Account Name: \_\_\_\_\_

Custodial/NYUTMA Check only one: Until the Age of 18 [ ] or Until the age of 21 [ ]

Certificate Details:

Amount: \_\_\_\_\_ Dividend Disbursement: [ ] Credit to Certificate [ ] Send Check [ ] Credit Account# \_\_\_\_\_

Term: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Account Owner (Minor)

Last Name First Name Middle Initial Date of Birth Social Security Number
Residential Address City State Zip Code Home Phone
Mailing Address Password Email

Custodian

First Name Last Name Middle Initial Date of Birth Social Security Number
Residential Address City State Zip Code Home Phone
Mailing Address Password Email

DESIGNATION OF SUCCESSOR CUSTODIAN: I designate: \_\_\_\_\_ who is the
(name of the designated person)
\_\_\_\_\_ (relationship) of the minor to be such Successor Custodian for the minor named on the account.

IMPORTANT INFORMATION ABOUT THE PROCEDURES 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 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.

Sharing Information

[ ] If this box is left unchecked, information relating to my/our account(s) may be shared with HVFCU's affiliates. This application serves as the Master Membership Application-Custodial Account or Supplemental Application, and controls all subsequent accounts opened under this member number, except for Trust Accounts, and is a continuing authorization to open any other account for me on my verbal request and deposit of funds.

Taxpayer Identification Number (TIN):

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). For most entities, it is your Employer Identification Number (EIN). If you do not have a number, refer to the instructions outlined in the Truth-In-Savings Disclosure and Account Agreements. SSN/EIN number: \_\_\_\_\_

TIN Certification

I certify under penalties of perjury that the following is true: (1) The number shown on this form is my correct taxpayer identification, and (2) I am not subject to backup withholding. [ ] I agree to check the box if I have been notified by the IRS that I am currently subject to backup withholding because of underreporting interest or dividends on my tax return. (3) I am a U.S. citizen or other U.S. 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. Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_. 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 (with title) and TIN Certification

Date

Witness Signature to Custodian's Successor Designation

Date

[ ] OFAC