



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

HVFCU CONFIDENTIAL