

# New Member Card

**All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed unless Kaleida Health Federal Credit Union is notified in writing of a change.**

## ACCOUNT TYPE

**Savings** (Shares) \_\_\_\_\_  
 **Checking** (Share/Draft) \_\_\_\_\_  
 **CD** (Share Certificate) \_\_\_\_\_

**Money Market** \_\_\_\_\_  
 **Club Account** \_\_\_\_\_  
 **Other** \_\_\_\_\_

The account number for each of the accounts listed consists of the suffix added to the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

Name: \_\_\_\_\_

**Member #:**

Address: \_\_\_\_\_

Employee Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Choose a Password: \_\_\_\_\_

Place of Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## 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 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 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).**

**Certification 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.

## AUTHORIZATION

By signing below, I/We agree to the terms and conditions 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 Fund Transfers Agreement and Disclosure. **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 Joint Member Signature

Date

### ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual

Joint Account  
With Rights of  
Survivorship

Joint Account  
Without Rights of  
Survivorship

### JOINT OWNER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employee Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Choose a Password: \_\_\_\_\_

Place of Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### JOINT OWNER INFORMATION (3<sup>rd</sup>)

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Address: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Choose a Password: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Place of Work: \_\_\_\_\_

### ACCOUNT DESIGNATIONS

Payable on Death (POD) Or  
Trust Account

All Accounts

Designate Specific Accounts

Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

TMA/UGMA (As custodian for \_\_\_\_\_  
(minor) under the uniform transfers/gifts to minors act.) Minor's SSN/TIN: \_\_\_\_\_

**\*\*FOR CREDIT UNION USE ONLY \*\***

Date of Membership:  
OFAC: \_\_\_\_\_

Approved by: \_\_\_\_\_

Member Verification: \_\_\_\_\_