

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

<input type="checkbox"/>	Savings (Shares) _____	<input type="checkbox"/>	Money Market _____
<input type="checkbox"/>	Checking (Share/Draft) _____	<input type="checkbox"/>	Club _____
<input type="checkbox"/>	CD (Share Certificate) _____	<input type="checkbox"/>	Other _____

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member #: _____

Employee # _____

Name: _____

Address: _____

City/State/Zip: _____

SSN: _____ Date of Birth: _____

Home (P) #: _____ Drivers License #: _____

Cell (P) #: _____ Password: _____

Place of work _____ Work (P) #: _____

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.**

Member 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: _____
City/State/Zip: _____ SSN/TIN _____
Home Phone: _____ Driver's License Number: _____
Cell Phone: _____ Date of Birth: _____
Work Phone: _____ Choose a Password: _____
Place of Work: _____ E-mail: _____

ACCOUNT DESIGNATIONS

- Payable on Death (POD)**
 All Accounts Designate Specific Accounts

Beneficiary/POD Payee: _____
Address: _____
City/State/Zip: _____
Phone: _____
Accounts: _____
Beneficiary/POD Payee: _____
Address: _____
City/State/Zip: _____
Phone: _____
Accounts: _____

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

Date of Membership: _____ Approved by: _____ Member Verification: _____ OFAC: _____