



## Account Card / Application for Membership

Please

print legibly. For assistance with this form, please call us at (718) 847-0202.

<b>I filled out this card to:</b> <input type="checkbox"/> <b>Open a New account</b> <input type="checkbox"/> <b>Update Existing Account Information as of</b>		
<b>Name (First, Last):</b>		<b>New Acct#</b>
<i><b>Signature:</b></i>		<b>SS# / TIN#</b>
<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>E-Mail Address:</b>
<b>Driver's License Number &amp; State:</b>		<b>Mother's Maiden Name:</b>
<b>Home Address (No P.O. Boxes)</b>		
<b>Street/Apt</b>		<b>Home Phone Number</b>
<b>City/State/Zip</b>		<b>Cell Phone</b>
<b>Mailing Address (if same as above, skip this section)</b>		
<b>Street/Apt</b>		<b>P.O. Box</b>
<b>City/State/Zip</b>		
<b>Reference Information</b>		
<b>Name/Relationship</b>		<b>Phone Number</b>
<b>Street/Apt</b>		<b>City/State/Zip</b>
<b>Employment Information</b>		
<b>Employer</b>	<b>Location</b>	<b>Starting Date</b>
<b>Work Phone Number</b>	<b>Union Affiliation</b> <b>Local #</b>	<b>Eligibility for Membership</b> <input type="checkbox"/> Union Member <input type="checkbox"/> Employee <input type="checkbox"/> Relative of Member
<b>Type of Account Ownership</b>		
<input type="checkbox"/> Individual <input type="checkbox"/> Joint With Survivorship <input type="checkbox"/> Trustee <input type="checkbox"/> Association/Corporation		
<b>Joint Owner/Trustee Information (if any)</b>		
<b>Name (First, Last):</b>		<b>SS# / TIN#</b>
<i><b>Signature:</b></i>		<b>Relation to Primary Owner</b>
<b>Date of Birth</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>E-Mail Address:</b>
<b>Driver's License Number &amp; State</b>		<b>Mother's Maiden Name</b>
<b>Street/Apt.</b>		<b>Home Phone Number</b>
<b>City/State/Zip</b>		<b>Cell Phone Number</b>
<b>Employer/Location</b>		<b>Work Phone Number</b>

Beneficiary Information	
Primary Beneficiary (Last, First, Middle)	Home Phone Number
SS# / TIN#	Work Phone Number
Street/Apt.	City/State/Zip
Secondary Beneficiary (Last, First, Middle)	Home Phone Number
SS# / TIN#	Work Phone Number
Street/Apt.	City/State/Zip

The USA Patriot Act requires credit unions to take extra security precautions 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. These new procedures are designed to prevent crimes, such as identity theft and account fraud, that terrorists commit to finance their operations against the U.S and its citizens.

<p><u>IRS Certification:</u></p> <p>Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number, that I am not subject to backup withholding, and that I am a U.S. citizen or resident alien.</p> <p>_____ Signature</p> <p>_____ Date</p>	
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If the account is designated as a joint account, by signing below, we agree that all funds deposited into the account, including any earnings thereon, shall be owned by us jointly with the right of survivorship. On the death of one party to the joint account, all sums in the account on the date of the death vest in and belong to the surviving party or parties as his/her separate property and estate.

By signing below, I/we acknowledge receipt of your Account Agreement and Disclosures booklet along with USA Patriot Act flyer. I/we agree to be bound by the terms and conditions set forth in your Disclosure Statements and Account Agreements. I/we agree to conform to the Credit Union's Rules, Regulations, Bylaws, and Policies now in effect and as amended or adopted hereafter. I/we agree to pay any charges or fees which may be required or assessed under such Rules, Regulations, Bylaws, and Policies. By applying for membership in the Eastern Operating Engineers Federal Credit Union, **I/we authorize you to check my credit and employment history and I/we understand that you may request and use credit reports** when considering my/our application to open an account or apply for related financial services. I/we also agree to subscribe for at least one share.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<u>For Credit Union Use Only:</u>	
Date Approved:	_____
Opened By:	_____
Verified By:	_____

**If Notary is required:**

This person appeared before me \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Signature

(stamp)