

Home Own Rent/years _

an Account Change Card

Membership Application Form

Account Number

1. Primary Account Owner Information		4. Type of Account	
Full name		○ Vacation Club○ Money Market○ Holiday Club○ Summer Savings	
Date of birth SSN/TIN	— Select type of checking acc	9	
Years employed O Full time Part time / #Hours	Select Services: O Direct Deposit O Payroll Deduction	Debit CardATM Carde-StatementsTouch Tone Teller	
railable at www.cunj.org	w.cunj.org 6. Account Designations		
How are you eligible to join Credit Union of New Jersey? I am an employee of the State of New Jersey I will contribute a donation to a designated foundation I am an employee of Educational Testing Service I live in a designated Metropolitan Statistical Area in Mercer County. I am an employee or member of a select group Employer or Association name I am related to a member of Credit Union of New Jersey Relative's name Other 3. Joint Account Owner Information		Select one of the following: Individual Other Payable on Death (POD)/In Trust For All Accounts Designate specific account(s) Beneficiary/POD Payee #1 Street City, State, Zip Beneficiary/POD Payee #2 Street City, State, Zip OUTTMA/UGMA (As custodian for:	
SSN/TIN State issued Years employed O Full time O Part time / #Hours	Important Information Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account to help the government fight the funding of terrorism and money laundering activities. 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. By submitting this application, you authorize the Credit Union to obtain information necessary to verify your identity. This		
	Date of birth	Select type of savings ac Young Savers Vacation Club Holiday Club Other SSN/TIN Select type of checking acc Kasasa Cash Back Chec Student Checking State issued Years employed Select Services: Direct Deposit Payroll Deduction Overdraft Protection Internet Banking Inton of New Jersey State issued State issued All Account Select group Me Union of New Jersey Union of New Jersey Union of New Jersey Important Information Union of Herroits and on the funding of terroits and catch that will allow us to identify your driver's license or other that will allow us to identify your driver's license or other tootal information necess Pull time of Part time / #Hours to botain information obota Not mentally the funding of terroits and catch that will allow us to identify your driver's license or other tootal information obota tootal information obota	

_ Monthly payment .

To add additional account owners, please contact Credit Union of New Jersey to complete

provide, an account may not be opened. The Credit Union reserves the right to close your account if it determines at

a later date that it does not know your true identity.

7. Initial Deposit		10. TIN Certification and Backup	p Withholding Information	
Indicate the total amount o	amount of your initial deposit Under penalties of perjury, I certify that:		y, I certify that:	
○ \$5 ○ \$25 ○ \$50) \$100 Other	(1) The number shown on this form	(1) The number shown on this form is my correct taxpayer identification number,	
How do you want this amount deposited into your account? You must deposit at least a \$5.00 share into your savings account. Enclose a check or money order. Savings \$		withholding, or (b) I have not be that I am subject to backup with	(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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and	
Checking \$		(3) I am a U.S. person (including a	ı U.S. resident alien).	
- · · · · · · · · · · · · · · · · · · ·		Certification Instructions:		
8. Loan Options		Cross out item 2 above if you have	been notified by the IRS that you are currently nuse you bave failed to report all interest and	
I'm interested in saving mo	ney. I'd like to apply for:		s out item 3 and complete a W-8 BEN if you are not	
O Auto Loan (New or Used)	O Personal Loan	a U.S. person.		
O Home Equity Loan	O Student Loan	11. Signature		
O First Mortgage	Refinance Current Loan			
Credit Card	O Type of Ioan O Balance \$	and other information indicated	m of account ownership, account selection I on this card apply to all of the accounts listed ed in writing of a change. By signing below, you	
9. Electronic Statement No	tification		his Membership Application (front and back) If for the purpose of obtaining the accounts and	
9. Electronic Statement No	uncation		(a) that the Credit Union can use credit	
Internet Banking. Each monthready to be viewed. No accomotification for your protectic Internet Banking using your accommunication items that we sent to you electronically. Please provide your e-mail a you do not receive a monthly update your e-mail, simply not copies of past statements are per statement copy for state print statements through Interview your statements, you we software can be downloaded to you may change your statements in the mail	stored and available via the internet through we will e-mail you when your statement is unt information is attached to this monthly on. To view your statement, you must log on to coount number and access code. Any member ould be included with your statement will also address in Section 1 and keep it updated so that a section 2 and keep it updated so that a section 3 and keep it updated so that a section 3 and keep it updated so that a section 5 and keep it updated so that a section 6 and keep it updated so that a section 6 and keep it updated so that a section 7 and keep it updated so that a section 9. The section 6 is a section 9. The section	Application for the purpose of early of the purpose of the purpose of early of the purpose of early of the purpose of early of the purpose of the purpose of early of the purp	Agreement. You acknowledge receipt of and tions of the Membership and Account Rate and Fee Schedule, Funds Availability e, and to any amendment the Credit Union ch are incorporated herein. If an Overdraft Loan Account is requested age receipt of and agree to the terms of the nd Truth in Lending Disclosure. Credit Card Account is requested and aledge receipt of and agree to the terms of the h governs your Credit Card account. Agreement. If an access card or Electronic	
Mail completed applications to:		of and agree to the terms of the Internal Revenue Service of	Funds Transfer Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this Mambarahia Application of the Provision of the Provision Application of the Provision of the Provisi	
Credit Union of New Jerse ATTN: Member Service P.O. Box 7921 Ewing, NJ 08628	Now along totach Tomori to that (SNOO)	of this Membership Application avoid backup withholding. Signature	n other than the certifications required to Date	
	NCUA 1=	=] ×		
		HOUSING Signature	Date	
For Credit Union Use Only	— Member Verification		Chex System	
•	entification # ID Issuance (State/County)	Issuance Date ID Expiration Date	OFAC_	
O Drivers License	(,,,,	,	Membership Verification	
O Passport			Opened by	
Alien ID			Date	
Other			Teller Number	
O Credit Report			Loan Officer ID	
			Loan Officer ID	