

<div style="background-color: #f2f2f2; padding: 2px;">1. Primary Account Owner Information</div> <p>Full name _____</p> <p>Home address _____</p> <p>City, State, Zip _____</p> <p>Home phone (____) _____ Date of birth _____</p> <p>Work phone (____) _____ SSN/TIN _____</p> <p>Email address _____</p> <p>Mother's maiden name _____</p> <p>Driver's license number _____ State issued _____</p> <p>Employer _____ Years employed _____</p> <p>Position/title _____ <input type="radio"/> Full time <input type="radio"/> Part time / #Hours _____</p> <p>Employment income <input type="radio"/> Gross monthly wage/salary \$ _____ <input type="radio"/> Net monthly \$ _____</p> <p>Home <input type="radio"/> Own <input type="radio"/> Rent/years _____ Monthly payment _____</p>	<div style="background-color: #f2f2f2; padding: 2px;">4. Type of Account</div> <p>Select type of savings account <input checked="" type="checkbox"/> Share Savings</p> <p><input type="radio"/> Young Savers <input type="radio"/> IRA</p> <p><input type="radio"/> Vacation Club <input type="radio"/> Money Market</p> <p><input type="radio"/> Holiday Club <input type="radio"/> Summer Savings</p> <p><input type="radio"/> Other _____</p> <p>Select type of checking account <input type="radio"/> Basic Checking</p> <p><input type="radio"/> Kasasa Cash Back Checking <input type="radio"/> Interest Checking</p> <p><input type="radio"/> Student Checking <input type="radio"/> Senior Checking</p>
<div style="background-color: #f2f2f2; padding: 2px;">2. Membership Eligibility <small>Full listing available at www.cunj.org</small></div> <p>How are you eligible to join Credit Union of New Jersey?</p> <p><input type="radio"/> I am an employee of the State of New Jersey</p> <p><input type="radio"/> I will contribute a donation to a designated foundation</p> <p><input type="radio"/> I am an employee of Educational Testing Service</p> <p><input type="radio"/> I live in a designated Metropolitan Statistical Area in Mercer County.</p> <p><input type="radio"/> I am an employee or member of a select group Employer or Association name _____</p> <p><input type="radio"/> I am related to a member of Credit Union of New Jersey Relative's name _____</p> <p><input type="radio"/> Other _____</p>	<div style="background-color: #f2f2f2; padding: 2px;">5. Account Services</div> <p>Select Services:</p> <p><input type="radio"/> Direct Deposit <input type="radio"/> Debit Card</p> <p><input type="radio"/> Payroll Deduction <input type="radio"/> ATM Card</p> <p><input type="radio"/> Overdraft Protection <input type="radio"/> e-Statements</p> <p><input type="radio"/> Internet Banking <input type="radio"/> Touch Tone Teller</p>
<div style="background-color: #f2f2f2; padding: 2px;">3. Joint Account Owner Information</div> <p>Full name _____</p> <p>Home address _____</p> <p>City, State, Zip _____</p> <p>Home phone (____) _____ Date of birth _____</p> <p>Work phone (____) _____ SSN/TIN _____</p> <p>Email address _____</p> <p>Mother's maiden name _____</p> <p>Driver's license number _____ State issued _____</p> <p>Employer _____ Years employed _____</p> <p>Position/title _____ <input type="radio"/> Full time <input type="radio"/> Part time / #Hours _____</p> <p>Employment income <input type="radio"/> Gross monthly wage/salary \$ _____ <input type="radio"/> Net monthly \$ _____</p> <p>Home <input type="radio"/> Own <input type="radio"/> Rent/years _____ Monthly payment _____</p> <p><small>To add additional account owners, please contact Credit Union of New Jersey to complete an Account Change Card</small></p>	<div style="background-color: #f2f2f2; padding: 2px;">6. Account Designations</div> <p>Select one of the following:</p> <p><input type="radio"/> Individual <input type="radio"/> Joint with survivorship</p> <p><input type="radio"/> Other _____</p> <p><input type="radio"/> Payable on Death (POD)/In Trust For</p> <p><input type="radio"/> All Accounts</p> <p><input type="radio"/> Designate specific account(s) _____</p> <p>Beneficiary/POD Payee #1 _____</p> <p>Street _____</p> <p>City, State, Zip _____</p> <p>Beneficiary/POD Payee #2 _____</p> <p>Street _____</p> <p>City, State, Zip _____</p> <p><input type="radio"/> UTTMA/UGMA (As custodian for: _____ (minor) under the Uniform Transfers/Gifts to Minors Act)</p> <p><input type="radio"/> Minor's Social Security # _____</p>
<div style="background-color: #f2f2f2; padding: 2px;">Important Information</div> <p>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 may include information obtained from consumer reporting agencies, public databases, or other sources. If the Credit Union is unable to verify information you 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.</p>	

