

Oswego Teachers' Employees Federal Credit Union
113 West Albany Street
Oswego, New York 13126
800-537-3084 or 315-342-4574
Email sonia@oswegoteacherscu.org
Website oswegoteacherscu.org

To Open A Credit Union Membership

In order for us to be able to process a credit union membership, we must receive the following:

Application for Membership Card

Section 1

1. All items beginning with the complete address through and including the social security number **must** be completed.
2. The applying member is **not** to sign name on any place in this section.

Section 2

1. Request the applying member read the first two (2) paragraphs. If the information **does not** apply, then they should sign and date where indicated. We cannot establish membership without the signature in this section.

Section 3

1. If the applying member desires a Joint Owner on the account, the member completes line one (1) and the Joint Owner completes line two (2).

Designation of Beneficiary Card

Completion of this card requires a beneficiary or for the estate of. and the signature of the member. Anyone may witness the signature.

Membership fees

A check for a minimum of **\$5.00 must** accompany the membership application and designation of beneficiary cards (**\$5.00 to establish a savings account to join**).

If you also want to establish a **checking account**, at application, we will need an **additional \$5.00 (total \$10.00)** to establish that account, and the information, on a separate sheet of paper, listing what you want printed on your checks.

We will also need a photocopy of a drivers license and social security card for your file and signatures must be notarized on the membership card!

APPLICATION FOR MEMBERSHIP

Account Number _____ Name (to be filled in by credit union) _____

Complete Address _____

Husband's first or Wife's maiden name _____

Employer _____ Bus. Phone _____ Home Phone _____

Dept. or Occupation _____ Place of Birth _____

Date of Birth _____ Mother's maiden name _____

Membership Eligibility _____ Soc. Sec. No. or Tax Ident. No. _____

Section 1

By signing on the reverse side, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the OSWEGO TEACHERS EMPLOYEES FEDERAL CREDIT UNION. I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time. This application approved by the: (Check One)

Board Exec. Committee Date _____

Membership Officer Signed _____
(Person representing approver of application)

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 to me,) 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 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
3. I am a U.S. person (including a U.S. resident alien).

Section 2

Certification Instructions. You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payment other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signature _____ Date _____

JOINT SHARE ACCOUNT AGREEMENT (*NOT TRANSFERABLE)

Section 3

The OSWEGO TEACHERS EMPLOYEES FEDERAL CREDIT UNION is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. Any or all of said joint owners may pledge all or any part of the share in this account as collateral security to a loan or loans from the credit union. The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

Date _____

Soc. Sec. or Tax I.D. No.	Member Signature	Date of Birth
Soc. Sec. or Tax I.D. No.	Member Signature	Date of Birth

DESIGNATION OF BENEFICIARY

This designation shall be effective only when delivered and filed with the Credit Union duly executed by the member and during the lifetime of the beneficiary designated.

Account Number _____ Date _____

I, _____, being a member of the
OSWEGO TEACHERS EMPLOYEES FEDERAL CREDIT UNION, do hereby designate
_____, relationship _____

of _____
NUMBER STREET or ROUTE CITY STATE ZIP CODE
as my beneficiary, if living, to receive any and all sums of money, herein called "PROCEEDS",
paid under and by virtue of said Credit Union. This designation takes precedence over earlier
designation wherever and however made. I hereby reserve the right to change the beneficiary
herein designated. Payment of Proceeds to a designated beneficiary or, if none, to the person the
Credit Union determines is entitled to the Proceeds shall discharge the Credit Union from any and
all liability to the extent of such payment.

WITNESS

Signature of Member (DO NOT PRINT)