Oswego Teachers' Employees Federal Credit Union 90 West Utica Street PO Box 878 Oswego, New York 13126 315-342-4574 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

Section 1

All items beginning with the complete address through and including the social security number **must** be completed.

The applying member is **not** to sign name on any place in this section.

Section 2

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.

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.

Section 3

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).

Membership minimum deposits (these are not fees)

A <u>deposit</u> for a minimum of **\$5.00 must** accompany the membership application and designation of beneficiary card. 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 <mark>driver's license</mark> for your file and <mark>signatures must be notarized on the membership card!</mark>

APPLICATION FOR MEMBERSHIP

For Credit Union Use: Accou	Int Number	Name (to be filled in by credit union)	
Section 1 (Please Print) Name		_	
Complete Address			
Work Phone	Cell Phone	Home Phone	
Employer		Dept. or Occupation:	
Date of Birth	Mother's maiden name	Name of your spouse	
E-mail Address:			
Membership Eligibility		Social Security No. or Tax ID No	
TEACHERS' EMPLOYEES F and use reports from outsid name and address of the ag	EDERAL CREDIT UNION. In co de reporting agencies. If you re gencies. I acknowledge notice o	nd agree to conform to the bylaws and any amendments thereof In the OSWEG nsidering this application, Oswego Teachers' Federal Credit Union may reques quest it, we will tell you whether we asked for such a report, and, if we have, the f this disclosure and I also agree to the terms and conditions of any account th t the credit union may change those terms and conditions from time to time.	t Ə

Section 2

Personal certification

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) 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).

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.

Office use only: This application approved by	y the: O Board O E	xec. Committee O	Sr Management
Signature of Member	Witness S	Signature	
OfStreet Address as my beneficiary, if living, to receive any and al Credit Union. This designation takes precedence right to change the beneficiary herein designate the Credit Union determines is entitled to the Pre of such payment.	City I sums of money, herein c e over earlier designation d. Payment of Proceeds to	State alled "PROCEEDS" wherever and howe a designated bene	Zip , paid under and by virtue of said ver made. I hereby reserve the ficiary or, if none, to the person
I, CREDIT UNION, do hereby designate (name) _			
Account Number	Date		
Designation of Beneficiary This designation shall be effective only when de lifetime of the beneficiary designated	livered and filed with the C	Credit Union duly ex	ecuted by the member and during the
Signature of Credit Union Witness or Notary			
	Date		
Signature	Date		

Date _____

Section 3

JOINT SHARE ACCOUNT AGREEMENT (*NOT TRANSFERABLE)

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 %pivot 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 p1 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.	Print Name	Joint Member Signature	Date of Birth
Address & Phone:		Email:	
Soc. Sec. or Tax I.D. No.	Print Name	Joint Member Signature	Date of Birth
Address & Phone:		Email:	

Oswego Teachers EFCU Joint Account Disclosure

Account #_

Section 675 of the NYS Banking Law and NYS Banking Board General Regulations Part 15 requires that the following information be disclosed to each owner of a joint account.

1. The shares, and any additions thereto, become the property of each owner as joint tenants and, as such, the credit union may release the entire account to any owner during the lifetime of all owners.

2. The credit union may honor share drafts drawn by, or withdrawal requests from, any owner during the lifetime of all owners.

3. The credit union may be required by service of legal process to remit funds held in the joint account to satisfy a judgment entered against, or other valid debt incurred by any owner of the account.

4. The credit union may honor share drafts drawn by, or withdrawal requests from the survivor(s) after the death of any owner(s).

5. The credit union may treat the account as the sole property of the survivor(s) after the death of

any owner(s).

6. Unless the credit union receives written notice signed by any owner not to pay or deliver any joint deposit or addition or accrual thereon, the credit union shall not be liable to any owner for continuing to honor share drafts drawn by, or withdrawal requests from, any owner.

7. After receipt of the written notice referred to in Number 6 above, the credit union may require the written authorization of any or all joint owners for any further payments or deliveries.

8. Any owner may pledge all or any part of the shares in this account as collateral security for a loan or loans.

I/We acknowledge receipt of the Joint Account Disclosure Notice as required by Section 675 of the NYS Banking Law and NYS Banking Board General Regulations Part 15.

Signed	Date
Signed_	Date

Section 3

JOINT SHARE ACCOUNT AGREEMENT (*NOT TRANSFERABLE)

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Any or all of said joint owners may pledge all or any part p1 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.	Print Name	Joint Member Signature	Date of Birth
Address & Phone:		Email:	
Soc. Sec. or Tax I.D. No.	Print Name	Joint Member Signature	Date of Birth
Address & Phone:		Email:	

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Signed	Date
Signed_	Date