

Membership & Account Application

Accounts (Please choose any that apply)

- Share Savings Account (required for membership) – include initial deposit of at least \$5.00
- Share Draft (Checking) Account – include initial deposit
- VISA Debit Card (PIN will be mailed to you)
- Access 24 (audio response phone system) access PIN: _____
- F.O.C.U.S. – Home Banking Password: _____
(7-15 alpha-numeric characters) Capital Letters Only
- Other account(s) you would like to transfer funds into using F.O.C.U.S.:
Account # _____
Account # _____

Please send a copy of two forms of identification from any of the following: photo driver's license, Social Security card, passport, utility bill with place of residence, student ID or union ID.

PRIMARY OWNER - Two Forms Of ID Required

SOCIAL SECURITY # _____

Name Mr. Mrs. Ms. _____

Home Address _____

City _____ State _____ Zip _____

Driver's License No. _____

Date Of Birth _____ Home Phone _____

Cell # _____ E-mail Address _____

Local Union # _____ Work Phone _____

Employer Address _____ Employer Fax _____

Eligibility: Employee Relative Of Current Member

Relative's Name _____

Mother's Maiden Name _____

JOINT MEMBER - Two Forms Of ID Required

SOCIAL SECURITY # _____

Name Mr. Mrs. Ms. _____

Home Address _____

City _____ State _____ Zip _____

Date Of Birth _____ Home Phone _____

Work Or Cell # _____ E-mail Address _____

Relationship To Primary Owner: _____

BENEFICIARY (IMPORTANT - PLEASE COMPLETE)

Last Name _____ First Name _____ Middle Initial _____

Street _____ City _____ State _____ Zip _____

Home Phone # _____ Social Security # _____

Relationship to Primary Member _____

MINOR INFORMATION (only if opening an account for a minor)

Account Designation: _____

UTTMA/UGMA (as custodian for _____ (minor) under the

Uniform Transfers/Gift to Minors Act) Minor's SSN _____

Custodianship terminated when minor attains the age of _____ 18 _____ 21

Date of Birth _____

PLEASE SEND A COPY OF CHILD'S BIRTH CERTIFICATE
AND SOCIAL SECURITY CARD.

MEMBER MUST READ AND SIGN WHERE INDICATED

(Instruction to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.)

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING
Under the penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (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).

By signing this card, you authorize the credit union to obtain credit reports in connection with this application for membership, services and/or credit, and for update, renewal or extension of the credit received, if applicable. If you request, the credit union will tell you the name and address of any bureau from which it received a credit report on you.

Statutory Lien

If you are in default on any financial obligation to us, federal law gives us the right to apply the balance of share and dividends in your account(s) at the time of default to satisfy the obligation. Once you are in default, we may exercise the right without further notice to you.

By signing this application we agree to all terms and conditions of the Credit Union and any amendment the Credit Union makes from time to time which are incorporated herein.

MEMBERSHIP AGREEMENT

By signing on the signature line below, you agree to all terms and conditions outlined in the TIS BOOKLET and FEE SCHEDULE which will be sent to you.

X _____ Date _____
Primary Owner (Signature)

X _____ Date _____
Joint Owner (Signature)

X _____ Date _____
Witness

YES, I want to discover all that Jersey Trades Federal Credit Union has to offer. Please send me information on the following services:

- | | |
|---|---|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Student Services |
| <input type="checkbox"/> Home Equity LOC | <input type="checkbox"/> First Mortgage |
| <input type="checkbox"/> Fixed Home Equity | <input type="checkbox"/> VISA Platinum |
| <input type="checkbox"/> Money Market Account | <input type="checkbox"/> IRAs |
| <input type="checkbox"/> VISA Debit Card | <input type="checkbox"/> Savings & Certificates |
| <input type="checkbox"/> Other Loans (please specify) _____ | <input type="checkbox"/> Free Home Banking (F.O.C.U.S.) |
| | <input type="checkbox"/> Bill Payer (CUBS) |

Yes, I would prefer an eStatement rather than paper statement.

E-mail Address _____

Signature _____