

**Master Membership Application
 Custodial Account**

Open Date: _____
 Member Number: _____
 Share ID: _____

I am eligible for membership on the basis that I: Reside Work Volunteer Attend School Worship
 in Dutchess, Ulster, Orange or Putnam County.
 I am an Immediate Family Household member of: _____ who is a current member.
 Relationship: _____

Primary Signer Identification (Custodian)

Type: _____ Issued By: _____ ID # _____ Date Issued: _____ Exp. Date: _____

Custodial / NYUTMA check only one: Until the age of 18 or Until the age of 21

Certificate Details Amount: _____ Term: _____
 Dividend Disbursement: Credit to Certificate or Credit Share ID: _____

Account Owner (Minor)

Last Name	First Name	Middle Initial	Date of Birth	Social Security Number
Residential Address	City	State	Zip	Home Phone
Mailing Address	Passcode	E-mail		

Custodian

First Name	Last Name	Middle Initial	Date of Birth	Social Security Number
Residential Address	City	State	Zip	Home Phone
Mailing Address	Passcode	E-mail		

DESIGNATION OF SUCCESSOR CUSTODIAN I designate _____ who is the
 _____ (name of the designated person)
 _____ (relationship) of the minor to be such Successor Custodian for the minor named on the account.

IMPORTANT INFORMATION ABOUT THE PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask you 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.

Sharing Information

If this box is left unchecked, information relating to my/our account(s) may be shared with HVFCU's affiliates.

This application serves as the Master Membership Application – Custodial Account or Supplemental Application, and controls all subsequent accounts opened under this member number, except for Trust Accounts, and is a continuing authorization to open any other account for me on my verbal request and deposit of funds.

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). For most entities, it is your Employer Identification Number (EIN). If you do not have a number, refer to the instructions outlined in the Truth-In-Savings Disclosure and Account Agreements.

SSN/TIN number:

TIN Certification

I certify under penalties of perjury that the following is true: (1) The number shown on this form is my correct taxpayer identification, and (2) I am not subject to backup withholding. I agree to check the box if I have been notified by the IRS that I am currently subject to backup withholding because of underreporting interest or dividends on my tax return. (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7). (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature and TIN Certification (with title, if applicable) _____ Date _____

Witness Signature to Custodian's Successor Designation _____ Date _____