

**Master Membership Application
Special Account**

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

This Special Account is eligible for membership on the basis that: **Check one only** (ownership selected shall govern all accounts)

- Benefit Account** - The beneficiary(ies) is/are eligible for membership
- Club Account** - All of the members of the club are eligible for membership
- Estate Account** - The deceased was a member on the date of death, or All heirs are members of HVFCU
- Representative Payee** - The beneficiary is eligible for membership
- Conservator/Guardian** - The conservatee is eligible for membership
- Infant Compromise** - The minor is eligible for membership

Primary Signer Identification

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

Certificate Details

Amount: _____ Term: _____
Dividend Disbursement: Credit to Certificate or Credit Account: _____

Primary Account Owner

Account Name	Date of Birth	Social Security Number
Residential Address	City	State
Mailing Address	Passcode	Zip
		Home Phone
		Email

- Overdraft Coverage from Primary Savings No Overdraft Coverage
- I attest to the fact that I do in fact have the necessary equipment and ability to access records electronically.

FOR BENEFIT ACCOUNTS ONLY: I designate _____ to be the successor signer for the benefit account named above.

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 Account Application-Special 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 (with title) and TIN Certification _____

Date _____