



# MEMBERSHIP APPLICATION

Account Number
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## Membership Eligibility

Name of Eligible Employer or Association Name/Immediate Family Credit Union Member(s)	Name of Immediate Family Member	Relationship
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## Primary Owner Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number	Date of Birth
Home Address			City	State	Zip Code
Mailing Address (if different)			City	State	Zip Code
Home Phone #	Cell Phone #	Work Phone #	E-Mail Address		
Employer		Occupation	Mother's Maiden Name		
Identification Type		Identification Number	Exp. Date	ID Passcode	

## Joint Owner/Custodian/Personal Rep/POA/Conservator/Guardian Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number	Date of Birth
Home Address			City	State	Zip Code
Mailing Address (if different)			City	State	Zip Code
Home Phone #	Cell Phone #	Work Phone #	E-Mail Address		
Employer		Occupation	Mother's Maiden Name		
Identification Type		Identification Number	Exp. Date	ID Passcode	

## Joint Owner Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number	Date of Birth
Home Address			City	State	Zip Code
Mailing Address (if different)			City	State	Zip Code
Home Phone #	Cell Phone #	Work Phone #	E-Mail Address		
Employer		Occupation	Mother's Maiden Name		
Identification Type		Identification Number	Exp. Date	ID Passcode	

## Joint Owner Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number	Date of Birth
Home Address			City	State	Zip Code
Mailing Address (if different)			City	State	Zip Code
Home Phone #	Cell Phone #	Work Phone #	E-Mail Address		
Employer		Occupation	Mother's Maiden Name		
Identification Type		Identification Number	Exp. Date	ID Passcode	

Joint Owner Information					
First Name	Middle Initial	Last Name	Suffix	Social Security Number	Date of Birth
Home Address			City	State	Zip Code
Mailing Address (if different)			City	State	Zip Code
Home Phone #	Cell Phone #	Work Phone #	E-Mail Address		
Employer		Occupation	Mother's Maiden Name		
Identification Type		Identification Number	Exp. Date	ID Passcode	

Beneficiary Designation				
The following are designated as beneficiary(ies) of this account in the event of my death:				
Name	Date of Birth (optional)	Address	Relationship	Percentage
Name	Date of Birth (optional)	Address	Relationship	Percentage
Name	Date of Birth (optional)	Address	Relationship	Percentage

Uniform Transfers to Minors Act (UTMA) Accounts					
You, the above named Custodian, understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of the UTMA. You further understand that the UTMA defines the age of delivery from the Custodian to the Minor as 21 years.					
<b>Designation of Successor Custodian.</b> You can appoint a Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: 1) when and in the event of notice of Your resignation, incapacitation or death, and 2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery to the following person:					
First Name	Middle Initial	Last Name	Suffix	Social Security Number (If Known)	Date of Birth
Home Address		City	State	Zip Code	Phone#

Important Information About Procedure[S] 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.

**Taxpayer Identification and Backup Withholding**

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) The FATCA code(s) entered on this form (if any) indicating that You are exempt from FATCA reporting is correct.

**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 part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO U.S. GOVERNMENT BACKUP WITHHOLDING.**

If You are a foreign person and not a U.S. resident alien, You must complete the appropriate IRS Form W-8.

**Agreement and Signatures**

You hereby apply for membership with Pioneer Valley Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules, and regulations of Pioneer Valley Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s), and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation, or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information, if necessary. In addition to establishing a primary Savings Account, You may also from time to time request that additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below further authorizes Pioneer Valley Federal Credit Union to pull credit report information in conjunction with the membership application for the purpose of verifying your identity/information. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

**The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Owner Signature (including Trust Grantor)

Date

Joint Owner/Custodian UTMA/Rep Payee Signature

Date

Joint Owner Signature

Date

Joint Owner Signature

Date

Joint Owner Signature

Date

**Authorization/Consent to Pull Credit Report**

Pioneer Valley Federal Credit Union is authorized to obtain my consumer credit report to evaluate my current credit loan options

Primary Owner Signature

Date