



**Mailing Address:** 1-800-722-2936  
 14 Research Dr www.soundviewfcu.org  
 Bethel, CT 06801



**MEMBERSHIP ELIGIBILITY**

- I live, work, worship or volunteer in the Connecticut counties of Fairfield or Litchfield.  
 I am a family member of a current SoundView FCU member. Member Name: \_\_\_\_\_  
 I am an employee of a select employee group affiliated with SVFCU. Company Name: \_\_\_\_\_  
 How did you hear about us?  Friend/Family  Company  Newspaper  Internet  Magazine  Other: \_\_\_\_\_

**ACCOUNT TYPE**

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed unless the Credit Union is notified in writing of a change. All accounts require a share/savings account with a minimum \$25.00 membership balance.

- Accounts:  Share/Savings  Secondary Share/Savings  Certificate of Deposit  Money Market  
 Christmas Club  Vacation Club  Rainy Day Club  
 EasyCash Checking  Basic Checking  Checking Plus

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "Member Application and Ownership Information" section. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

- Individual Account  Joint Account  Beneficiary Account

Member Number: \_\_\_\_\_

**Primary Owner Information**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Driver's License State/No: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_ Employer Address: \_\_\_\_\_

- Joint Owner Information OR  Beneficiary Information

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Driver's License State/No: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_ Relationship to Primary Owner: \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_ Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

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), and
- (2) I am not subject to backup withholding because: (a) I 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. 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.

**Certification Instructions.** 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

**AUTHORIZATION**

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. IF MAILING THIS APPLICATION, PLEASE INCLUDE A COPY OF A PHOTO ID FOR ALL APPLICANTS AND INCLUDE YOUR INTIAL \$25.00 MINIMUM SHARE DEPOSIT TO OPEN YOUR ACCOUNT.**

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
 Signature (Primary) Signature (Joint Owner)  
 X \_\_\_\_\_ Date \_\_\_\_\_  
 Signature (Beneficiary)

Credit Union Use Only 08/20

- Member ID  OFAC  eFunds  HomeBanking  Cross Ref #  Ref Code  Debit Card  Checks  RDC Initials \_\_\_\_\_ Date \_\_\_\_\_