

Member Number	Date
---------------	------

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean Buffalo Conrail Federal Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a  are applicable only if the  is marked, e.g., . "n/a" means not applicable.

**Account Type**

<input type="checkbox"/> Share Account (Savings) _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Share Certificate – Term _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Share Draft (Checking) _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Christmas Club _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove

**Account Services**

<input type="checkbox"/> VISA Debit Card <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Bill Pay <input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Home Banking <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Overdraft Protection (you must complete a separate election for this service) Indicate transfer priority: 1. _____ 2. _____ 3. _____	

**Ownership**

Individual Account  Joint Account with Rights of Survivorship  Joint Account without Rights of Survivorship

**Primary Member (Owner)**

Name		Birth Date		SSN/TIN	
DBA Name (if applicable)		Business License Number		State Issued	
Address Line 1 (Street)		Email Address			
Address Line 2 (City, State, Zip)		Home Phone No.		Cell Phone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____					
Identification Number		Country/State of Issue		Expiration Date	
Employer		Occupation/Title		Work Telephone No.	

**Joint Owner**  Add  Remove  **UTMA Custodian**  **Agent**  **Authorized Signer** (Describe):

Name		Birth Date		SSN/TIN	
Address Line 1		Email Address			
Address Line 2 (City, State, Zip)		Home Phone No.		Cell Phone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____					
Identification Number		Country/State of Issue		Expiration Date	
Employer		Occupation/Title		Work Telephone No.	

**Joint Owner**  Add  Remove  **Agent**  **Authorized Signer** (Describe):

Name		Birth Date		SSN/TIN	
Address Line 1		Email Address			
Address Line 2 (City, State, Zip)		Home Phone No.		Cell Phone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____					
Identification Number		Country/State of Issue		Expiration Date	
Employer		Occupation/Title		Work Telephone No.	

**Joint Owner**  Add  Remove – If more than three Joint Owners, complete a separate application.

Name		Birth Date		SSN/TIN	
Address Line 1		Email Address			
Address Line 2 (City, State, Zip)		Home Phone No.		Cell Phone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____					
Identification Number		Country/State of Issue		Expiration Date	
Employer		Occupation/Title		Work Telephone No.	

**Account Designation**

Payable on Death (P.O.D) Account –  All Accounts  Designate Specific Accounts: \_\_\_\_\_

Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided among the surviving beneficiaries listed below.

Beneficiary/POD Payee - Name and Address <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove			Beneficiary/POD Payee - Name and Address <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		
SSN/TIN	Relationship	Phone Number	SSN/TIN	Relationship	Phone Number

**UTMA (Uniform Transfers to Minors Act)**

As custodian for \_\_\_\_\_ (minor), age \_\_\_\_\_, SSN \_\_\_\_\_ under the New York Uniform Transfers to Minors Act.

**Agency** –  All Accounts  Designate Specific Accounts: \_\_\_\_\_

Name of Agent	Signature <b>X</b>	Date
---------------	-----------------------	------

**Other**

Specify: \_\_\_\_\_

**Important IRS Information - TIN Certification**

In accordance with IRS W-9 Instructions and under penalties of perjury, you certify that: (1) The number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to you); (2) Unless indicated below, you are not subject to backup withholding because you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified you that you are no longer subject to backup withholding; (3) Unless indicated below, you are a U.S. citizen or other U.S. person (including a resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

**Certification instructions.** 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 then you must check the box "I am subject to backup withholding" below. 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.

I am subject to backup withholding  I am exempt  I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

**Signatures**

By signing below, you hereby apply for membership with the 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 and/or credit worthiness. 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 the Membership Account Agreement and Disclosures including, but not limited to, Truth-in-Savings Account Disclosures, Rate Addendum and Schedule of Fees and Charges, Funds Availability Policy, Electronic Funds Transfer Agreement and Privacy Policy which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account is joint and several and you agree to the survivorship designation in the "Ownership" section herein. 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. In addition to establishing a regular share Account, you may also from time to time request 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 is your continuing authorization for the Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless we receive written instructions to the contrary. 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.**

**Important Information About 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 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 and other identifying information.

**Consent to Receive Calls.** You agree if you provide or have provided any telephone number, including a cell phone number, or email address on this application, other Credit Union form, or verbally, you are giving the Credit Union, its agents, employees, or third parties your consent to contact you at such telephone number(s) or email address(es) to discuss or communicate the status of your accounts or applications. You understand and agree that if we contact you at any telephone number or cell phone number you have provided, you agree that we may contact you whether these numbers are dialed manually or by means of an automatic telephone dialing system, or whether we use a pre-recorded message. You understand and agree that you are not required to consent to telephonic or email contact as a condition of purchasing any property, goods, or service (including loans). You may withdraw your consent at any time by contacting the credit union by phone, in person or any other reasonable means and informing us of your preferences.

Primary Member/Owner Signature <input type="checkbox"/> Custodian <input type="checkbox"/> Authorized Signer _____ Date _____	Joint Owner 1 / <input type="checkbox"/> Authorized Signer Signature _____ Date _____
<b>X</b>	<b>X</b>
Joint Owner 2 / <input type="checkbox"/> Authorized Signer Signature _____ Date _____	Joint Owner 3 / <input type="checkbox"/> Authorized Signer Signature _____ Date _____
<b>X</b>	<b>X</b>

**Credit Union Use Only**

Date of Membership _____	Opened/Approved _____	Membership Eligibility _____	Member Verification _____
Verification List(s) Checked <input type="checkbox"/> OFAC <input type="checkbox"/> Other _____	Verification Completed Date: _____ By: _____		
Reports Checked <input type="checkbox"/> Credit <input type="checkbox"/> Check Verification <input type="checkbox"/> Other _____	Overdraft Protection Consent Opt-in/Out Completed Date: _____ By: _____		
Comments: _____			