

MEMBERSHIP APPLICATION



Acct # _____
Acct Type _____
Date _____

Mother's Maiden Name _____

Table with 9 columns: SEFCU USE ONLY, ID Type Number, Issued, Expires, Mbr Group Code, Member Eligibility, SSN State, Operator, ChexSystems Results

1. Owner Name, 2. Mailing Address, 3. Date of Birth, 4. Soc. Sec. #, 5. Occupation, 6. Business Phone Number, 7. Home Phone Number, 8. Cell Phone Number

9. I/We authorize SEFCU to establish or add the following accounts / services:

Checkboxes for: Checking, Cash Reserve*, Consumer Loan Application Completed*, SEFCU Check Card, SEFCU OnLine, Email address, DIAL, Holiday Club, Preferred Savings, Owner's Choice

I/We hereby make application for membership in SEFCU, and agree to conform to the laws and amendments thereof and subscribe for at least one share. *Upon approval your cash reserve is activated.

10. Is this your first account with a financial institution? Yes No

This is a variable rate account. As such, the credit union reserves the right to change the rate at any time and at its sole discretion.

Table with 6 columns: SEFCU USE ONLY, ID Type Number, Issued, Expires, State, Year

11. First Joint Owner Name, 11a. Soc. Sec. #, 11b. Date of Birth

11c. Joint Owner Address, 11d. Occupation

Table with 6 columns: SEFCU USE ONLY, ID Type Number, Issued, Expires, State, Year

12. Second Joint Owner Name, 12a. Soc. Sec. #, 12b. Date of Birth

12c. Joint Owner Address, 12d. Occupation

SEFCU is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. By signing you agree to be bound by the terms and conditions for this account as outlined in the Member Benefits Guide. Your signature also authorizes SEFCU to obtain a consumer credit report in connection with this process; and at your request, the Credit Union will supply the name and address of any credit bureau from which it will receive, or has received, a consumer report on you. Completion of this membership application is not to be considered as an application for credit.

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify that: (1) The number shown on the form is my correct taxpayer identification number. 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, and (3) I am a U.S. person (including a U.S. resident alien).

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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. Person.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

13. Owner Signature, 14. Joint Owner Signature, 15. Joint Owner Signature, 16. Membership Officer. Each box contains an 'X'.

State of New York
County of _____

On this _____ of _____, _____, before me personally came _____ known to me to be the individual(s) described in and who executed this instrument, and he/she duly acknowledged to me that he/she executed same.

Notary Public

*Form must be witnessed by a Notary Public and forwarded along with a valid driver's license if applying by mail to SEFCU, PO Box 12189, Albany, NY 12212-2189.