



# New Covenant Dominion Federal Credit Union

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www.newcovenantcreditunion.org

## PERSONAL ACCOUNT-OPENING APPLICATION

### SECTION A—INFORMATION REGARDING APPLICANT

Full Name (Last, First, Middle): \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

If you have been at this address for less than two years, provide your previous address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Employer Name and Address: \_\_\_\_\_

Membership Eligibility: (Check One of the Following:)

- I am eligible for membership because I am a *member* of: \_\_\_\_\_  
name of organization
- I am eligible for membership because I am an *employee* of: \_\_\_\_\_  
name of organization
- I am eligible for membership because I am a *student* of: \_\_\_\_\_  
name of organization
- I am eligible for membership through the following *Immediate Family Member sponsor* (includes adoptive and step relationships) which you may verify. The person's name is \_\_\_\_\_ and s/he is my:
  - spouse       step-parent       sibling       child       grandchild
  - parent       grandparent       step-sibling       step-child
- I am eligible for membership as a *member of the immediate household of*: \_\_\_\_\_  
name of member
- I *am not* eligible for membership. I am applying for an account as a non-member.

Statements: I would like to receive my periodic statements at  my present street address above  my email address above

### SECTION B—ACCOUNT TYPE

- Share/Savings       Individual Account
- Share Draft/Checking       Joint Account
- Share Certificate/Certificate of Deposit

<b>For Credit Union Use Only:</b>
Share Acc. #: _____
Draft Acc. #: _____
Certificate Acc. #: _____

*Complete the following information in Section B only for joint accounts:*

Joint Owner Full Name (Last, First, Middle): \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

Joint Owner Full Name (Last, First, Middle): \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

If this account will require more than one signature to authorize transactions, list the names of those whose must sign:

\_\_\_\_\_

**SECTION C—ACCOUNT DESIGNATIONS**

Payable on Death Account Beneficiary Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Beneficiary Address: \_\_\_\_\_  
Relationship to Primary Account Owner: \_\_\_\_\_ Percentage to be distributed: \_\_\_\_\_  
Beneficiary Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Beneficiary Address: \_\_\_\_\_  
Relationship to Primary Account Owner: \_\_\_\_\_ Percentage to be distributed: \_\_\_\_\_  
 Uniform Transfers to Minors Account As custodian for \_\_\_\_\_ (name of minor)  
Minor's SSN/TIN \_\_\_\_\_ Minor's D.O.B.: \_\_\_\_\_  
 Gift made by will, trust, or power of appointment (account funds distributable to minor at age 21)  
 Gift made by a fiduciary or other person without will or trust (account funds distributable to minor at age 18)

**SECTION D—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 to me); 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 (as defined in IRS form W-9 instructions); and
- (4) I am exempt from FATCA reporting.

*Certification instructions: You must 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. If you are not a U.S. person, cross out item 3 and contact the credit union for instructions (a W-8 BEN form will need to be completed). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

**SECTION E—SIGNATURE**

By my signature below, I acknowledge receipt of your Membership and Account Agreement, Electronic Funds Transfer Agreement, Funds Availability Policy, and Rate and Fee Schedule. I agree to be bound by the terms and conditions set forth in your Membership and Account Agreement and all documents and disclosure statements it references. I further agree to conform to the Credit Union's rules, bylaws, and policies now in effect and as amended or adopted hereafter; and I agree to pay any charges or fees which may be required or assessed under such rules, bylaws, and policies or under any agreement I have entered into with the Credit Union.

**For Joint Accounts Only:** By our signatures below as account owner and joint account owner (if applicable), we agree that all funds deposited into the account opened, including any earnings thereon, shall be owned by us jointly with right of survivorship. On the death of one party to the joint account, all sums in the account on the date of the death vest in and belong to the surviving party or parties as his or her separate property and estate.

**For All Accounts:** I agree that my signature below will be used by the Credit Union as my specimen signature for the purpose of verifying my signature on any document authorizing a transaction in relation to my account.

\_\_\_\_\_  
Account Owner Name Signature Date

\_\_\_\_\_  
Joint Account Owner Name Signature Date

\_\_\_\_\_  
Joint Account Owner Name Signature Date

**FOR CREDIT UNION USE ONLY**

Account Opened By: \_\_\_\_\_ Date of Membership: \_\_\_\_\_ Membership Verification: \_\_\_\_\_

Applicant provided satisfactory government-issued identification?   Yes     No  

BSA/AML KYC Assessment Conducted By: \_\_\_\_\_