

You certify that you are eligible for membership on the basis that you:

- Reside Work Volunteer Attend School Worship in Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Ulster or Westchester County.

You are an: Immediate Family Household member of: _____ who is a current member.
Relationship: _____

Primary Signer Identification (Custodian)

Type: _____ Issued By: _____ ID # _____
Date Issued: _____ Exp. Date: _____

Custodial / NYUTMA check only one: Until the age of 18 **or** Until the age of 21

Certificate Details:

Amount: _____ Term: _____

Dividend Disbursement: Credit to Certificate Credit to Share ID: _____

Account Owner (Minor):

Last Name First Name Middle Initial Date of Birth Social Security Number

Residential Address City State Zip Home Phone

Mailing Address Passcode email

Custodian:

Last Name First Name Middle Initial Date of Birth Social Security Number

Residential Address City State Zip Home Phone

Mailing Address Passcode email

DESIGNATION OF SUCCESSOR CUSTODIAN:

You designate _____ (name of the designated person) who is the _____ (relationship) of the minor to be such Successor Custodian for the minor named on the account.

IMPORTANT INFORMATION ABOUT THE 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 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.

Master Membership Application Custodial Account (continued)

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Truth In Savings Disclosure and Account Agreement, Fee Schedule, Account Rate Information, Privacy Notice, Overdraft Notice, and Funds Availability Policy Disclosure, if applicable. If an access card or EFT service is requested and provided, I/we agree to the terms of the Electronic Fund Transfers Agreement and Disclosure. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein, and to any amendment the Credit Union makes from time to time which are incorporated herein, and which will be posted on the credit union's web site for immediate review. My/our continuing to use credit union services after the posting of such amendments constitutes my/our acceptance of the amendment[s] and I/we understand our responsibility to monitor for amendments and changes on a regular basis.

Sharing Information:

If this box is left unchecked, information relating to your account(s) may be shared with Hudson Valley Credit Union's affiliates.

This application serves as the Master Membership Application – Custodial Account or Supplemental Application, and controls all subsequent accounts opened under this member number, except for Trust Accounts, and is a continuing authorization to open any other account for me on my verbal request and deposit of funds.

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). For most entities, it is your Employer Identification Number (EIN). If you do not have a number, refer to the instructions outlined on the Internal Revenue Service's Website: www.irs.gov

SSN/TIN number:

TIN Certification

You certify under penalties of perjury that the following is true: (1) The number shown on this form is your correct taxpayer identification, and (2) you are not subject to backup withholding. You agree to check the box if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (3) You are 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 you are exempt from FATCA reporting is correct. Exempt payee code (if any) _____. Exemption from FATCA reporting code (if any) _____. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature and TIN Certification (with title, if applicable)

Date

Witness Signature to Custodian's Successor Designation

Date