HudsonVa CREDIT UNION P.O. Box 1071 Poughkeepsie, N 845.463.3011 hycu.org	Ivids	Master Membership Application Special Account			Open Date: Member Number: Share ID:
This Special Account is eligib	e for membership o	on the basis	s that:		
Check one only (owne	rship selected shall	govern all	accounts)		
Benefit Account - The Club Account - All of Estate Account - Club Representative Payee Conservator/Guardiar Infant Compromise -	the members of the The deceased was - The beneficiary i - The conservatee	e club are e a member is eligible fo is eligible	ligible for memb on the date of d or membership for membership	ership	☐ All heirs are members of HVCU
Primary Signer Identification					
Туре:	Issued By: _		IC) #	
Date Issued:	Exp. Date: _				
Certificate Details:	Amount: Dividend Disb				Credit to Share ID:
Primary Account Owner					
Account Name		Date of Birth			Social Security Number
Residential Address	City		State	Zip	Home Phone
Mailing Address		Passo	code		Email
Overdraft Coverage from	n Primary Savings	□ N	o Overdraft Cove	erage	
You certify that you have	the necessary equ	ipment and	ability to access	s records (electronically.
FOR BENEFIT ACCOUNTS O You designate	NLY:	t	o be the success	sor signer	for the benefit account named above.

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.

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 – Special 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 (with title) and TIN Certification

Date