

**Master Membership Application
 Business**

Open Date: _____
 Member Number: _____
 Share ID: _____

Sole Proprietor: I am eligible for membership on the basis that I: Reside Work Volunteer Attend School
 Worship in Dutchess, Ulster, Orange or Putnam County.

I am an Immediate Family Household member of: _____ who is a current member.
 Relationship: _____

All Other Business Types: The business is eligible on the basis that it is located in:
 Dutchess County Ulster County Orange County Putnam County

Business Entity: Sole Proprietor Partnership Limited Partnership Corporation S-Corp LLC

Name of DBA (if different than Business Name): _____

Certificate Details Amount: _____ Term: _____
 Dividend Disbursement: Credit to Certificate or Credit Share ID: _____

Business Information Business Passcode: _____

Business Name	Type of Business	Business SSN/EIN Number
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Business Address	Business City	Business State	Business Zip	Business Email(optional)
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Business Mailing Address	Business Phone	Business FAX
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I certify that I am the owner/representative of the above referenced sole proprietorship, partnership/LLC/corporation, which is organized under the laws of the state of _____

I attest to the fact that I do in fact have the necessary equipment and ability to access records electronically.

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.

Sharing Information

If this box is left unchecked, information relating to my/our account(s) may be shared with HVFCU's affiliates.

This application serves as the Master Membership Account Application-Business 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 in the Truth-In-Savings Disclosure and Account Agreements.

SSN/TIN number: _____

TIN Certification

I certify under penalties of perjury that the following is true: (1) The number shown on this form is my correct taxpayer identification, and (2) I am not subject to backup withholding. I agree to check the box if I have been notified by the IRS that I am currently subject to backup withholding because of underreporting interest or dividends on my tax return. (3) I am 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 I am 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.**

Signer #1 Signature and TIN Certification (with title) _____

Date _____

CREDIT UNION USE ONLY

Required Documentation Check which documents have been received/completed

OFAC Business Certificate NYS Filing Receipt Partnership Certificate Business/Organization Resolution of Authority