



124 South Ridgedale Avenue  
East Hanover, NJ 07936-3190  
973-947-1000 • FAX: 973-947-1001

## MEMBERSHIP APPLICATION & AGREEMENT

Membership Number

**Account Type(s):** ☐ Share ☐ Club ☐ Share Draft ☐ Money Market

**Account Ownership:** ☐ Single-Party ☐ Multiple-Party With Right of Survivorship ☐ Multiple-Party Without Right of Survivorship  
☐ Payable-on-Death (POD) ☐ Power of Attorney ☐ Trust ☐ UTMA

### IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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.

#### Primary Owner Information

☐ Member ☐ Trust

Are You a Non-Resident Alien? ☐ Yes ☐ No

Name (First, Last, MI & Suffix, or Name of Trust)			Birth Date or Date of Trust	
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Phone Number	E-Mail Address	Mother's Maiden Name		Eligibility
Social Security Number	Driver's License Number	Employer		Occupation

#### Owner 2 Information

☐ Joint Owner ☐ Trustee ☐ Custodian ☐ Attorney-In-Fact ☐ Other Specify: \_\_\_\_\_

Name (First, Last, MI & Suffix, or Name of Trust)			Birth Date or Date of Trust	
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Phone Number	E-Mail Address	Mother's Maiden Name		Eligibility
Social Security Number	Driver's License Number	Employer		Occupation

#### Owner 3 Information

☐ Joint Owner ☐ Trustee ☐ Custodian ☐ Attorney-In-Fact ☐ Other Specify: \_\_\_\_\_

Name (First, Last, MI & Suffix, or Name of Trust)			Birth Date or Date of Trust	
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Phone Number	E-Mail Address	Mother's Maiden Name		Eligibility
Social Security Number	Driver's License Number	Employer		Occupation

#### Owner 4 Information

☐ Joint Owner ☐ Trustee ☐ Custodian ☐ Attorney-In-Fact ☐ Other Specify: \_\_\_\_\_

Name (First, Last, MI & Suffix, or Name of Trust)			Birth Date or Date of Trust	
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Phone Number	E-Mail Address	Mother's Maiden Name		Eligibility
Social Security Number	Driver's License Number	Employer		Occupation

#### VISA Debit Card/Online Banking

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your linked account. You would like:

☐ VISA Debit Card ☐ Online Banking

Name on Card 1: \_\_\_\_\_ Name on Card 2: \_\_\_\_\_

Name on Card 3: \_\_\_\_\_ Name on Card 4: \_\_\_\_\_

## Payable-On-Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name \_\_\_\_\_ Address \_\_\_\_\_ SSN \_\_\_\_\_ % \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ SSN \_\_\_\_\_ % \_\_\_\_\_ DOB \_\_\_\_\_

## Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfers to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

**INSTRUCTION TO SIGNER.** If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP  
WITHHOLDING BY THE FEDERAL GOVERNMENT.**

We will be unable to open an Account for You without a taxpayer identification number.

## UTMA Account

For UTMA (Uniform Transfers to Minors Act) Accounts, You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the New Jersey Uniform Transfers to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 21, under the Act.

Owner 2 is named as custodian for the Primary Owner under the State of New Jersey's Uniform Transfers to Minors Act.

Designation of Successor Custodian. You appoint \_\_\_\_\_ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: (1) when and in the event of Your resignation, death, incompetence, or legal incapacitation; and (2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

\_\_\_\_\_  
Signature of Custodian

## Trust

You hereby certify that:

- (1) This is a revocable living trust. Name of Trust \_\_\_\_\_;
- (2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds;
- (3) The Trust Agreement appoints:

\_\_\_\_\_  
as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

- (4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You indemnify Us from any liability and costs We may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

For revocable living trust accounts, You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this account to the revocable living trust named above.

**You agree to be bound by the terms and conditions of this Account with Ridgedale Federal Credit Union and the Credit Union's bylaws, rules and regulations in effect, which are subject to changes from time to time.**

**Lien Impressionment and Set-Off.** You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

\_\_\_\_\_  
Signature of Settlor/Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

## Signatures

You hereby apply for membership with Ridgedale Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Ridgedale Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements And Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Ridgedale Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

**The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Applicant's (Primary Owner) Signature

Date

Owner 2 Signature

Date

Owner 3 Signature

Date

Owner 4 Signature

Date

### Notary Signature Acknowledgment Below: Required when submitting by mail or when signer is not present.

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_ (name of signer) whose identity was proved to me on the basis of the satisfactory evidence described below to be the person whose name is subscribed to this document, and who acknowledged before me that he/she signed the above/attached document.

ID Number

Issue Date

Expiration Date

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

(seal)

### Notary Signature Acknowledgment Below: Required when submitting by mail or when signer is not present.

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_ (name of signer) whose identity was proved to me on the basis of the satisfactory evidence described below to be the person whose name is subscribed to this document, and who acknowledged before me that he/she signed the above/attached document.

ID Number

Issue Date

Expiration Date

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

(seal)

### Notary Signature Acknowledgment Below: Required when submitting by mail or when signer is not present.

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_ (name of signer) whose identity was proved to me on the basis of the satisfactory evidence described below to be the person whose name is subscribed to this document, and who acknowledged before me that he/she signed the above/attached document.

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Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

(seal)

**Notary Signature Acknowledgment Below: Required when submitting by mail or when signer is not present.**

State of \_\_\_\_\_

County of \_\_\_\_\_

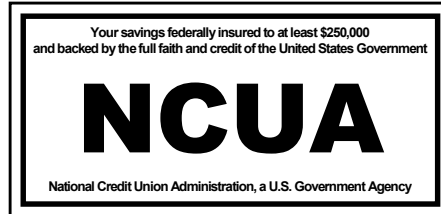
I, \_\_\_\_\_, a notary public, do certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_ (name of signer) whose identity was proved to me on the basis of the satisfactory evidence described below to be the person whose name is subscribed to this document, and who acknowledged before me that he/she signed the above/attached document.

**ID Number**

**Issue Date**

**Expiration Date**

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_ (seal)



**Credit Union Use Only**

Date of Membership \_\_\_\_\_ Opened by \_\_\_\_\_ MSR Signature \_\_\_\_\_

\_\_\_\_\_ CIPS \_\_\_\_\_ OFAC \_\_\_\_\_ Checks Ordered \_\_\_\_\_ ChexSystems \_\_\_\_\_ Cards Ordered

**USA Patriot Act Compliance**

**Primary Owner:** DL or ID \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security \_\_\_\_\_ Information Verified \_\_\_\_\_

**Owner 2:** DL or ID \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security \_\_\_\_\_ Information Verified \_\_\_\_\_

**Owner 3:** DL or ID \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security \_\_\_\_\_ Information Verified \_\_\_\_\_

**Owner 4:** DL or ID \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security \_\_\_\_\_ Information Verified \_\_\_\_\_

### Important Information About Procedures for Opening a New Account

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1. Name: \_\_\_\_\_

2. Citizenship Status:

- |   |   |
|---|---|
| <input type="checkbox"/> Green Card Holder        | <input type="checkbox"/> US Citizen       |
| <input type="checkbox"/> legal permanent resident | <input type="checkbox"/> Dual Citizenship |

a. Green Card Number/ITIN: \_\_\_\_\_

Please note that you must also present RCFU with proof of an appropriate identification number (e.g., TIN/SSN for U.S. citizens). For non-U.S. persons, a green card number, taxpayer identification number; passport number and country of issuance; alien identification card number; or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard).

b. With what other countries do you have citizenship? \_\_\_\_\_

3. Is there an interpreter or someone else responding on your behalf? (Trustee, Power of Attorney, Executor, etc.) ☐ Yes ☐ No; If yes, Name of the person responding on your behalf (First, Last): \_\_\_\_\_

4. Employment Status: \_\_\_\_\_

What is/was your occupation? \_\_\_\_\_ ☐ N/A

5. What is/are the most common source(s) of your deposits (check all that may apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Employment Income | <input type="checkbox"/> Retirement/Pension Income | <input type="checkbox"/> Funds from another account |
| <input type="checkbox"/> Grant/Scholarship | <input type="checkbox"/> Inheritance               | <input type="checkbox"/> Trust                      |
| <input type="checkbox"/> Investment Income | <input type="checkbox"/> Legal Settlement          | <input type="checkbox"/> Insurance Claim            |
| <input type="checkbox"/> Sale of asset     | <input type="checkbox"/> Gift                      | <input type="checkbox"/> Gambling winnings          |
| <input type="checkbox"/> Other: _____      |  |   |

6. Do you anticipate making frequent cash deposits: ☐ Yes ☐ No

a. Approximately how much cash do you expect to deposit each month? \_\_\_\_\_

b. Approximately how much cash do you expect to withdraw each month? \_\_\_\_\_

c. Do you own or operate a cash intensive business ☐ Yes ☐ No

7. Do you anticipate sending or receiving wire transactions on a regular basis: ☐ Yes ☐ No

8. Do you anticipate using electronic transactions on a regular basis: (ACH, Zelle, Venmo, etc.)?

Yes    No

9. Do you anticipate transactions to/from persons or companies outside of the United States or its territories:    Yes    No.

If yes, to/from which countries do you expect to send/receive transactions?

10. Do you or your immediate family hold political office?:    No    Yes:

If yes, please list the individual's name (if an immediate family member, or self) and position held in political office): \_\_\_\_\_

11. Please check the box below to confirm that you will not use this account to operate a Money Service Business (MSB) (see the definition below):

The term "money services business" includes any person or entity doing business, whether or not on a regular basis or as an organized business concern, in one or more of the following capacities: Currency dealer or exchanger, check casher, issuer of traveler's checks, money orders or stored value, seller or redeemer of traveler's checks, money orders or stored value, money transmitter, or U.S. Postal Service.

☐ I will not conduct Money Service Business activities through this account.