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www.ubtfcu.org

## Account Card

### IMPORTANT INFORMATION ABOUT 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 when opening a new account.

**What this means for you: When you open an account, we will ask 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.**

**We require 2 forms of ID: Primary-current valid state/govt ID such as driver's license showing current address or non-expired passport. Secondary: Utility bill, bank statement issued in last 90 days, social security card, student ID or Union card.**

### MEMBER APPLICATION AND OWNERSHIP INFORMATION

<b>Member/Owner Name:</b>		<b>SSN/TIN:</b>	<b>Member No:</b>
<b>Physical Address- Street:</b>		<b>City/State/Zip:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Date of Birth:</b>	
<b>Driver's Lic. No:</b>	<b>E-Mail:</b>	<b>Mother's Maiden Name:</b>	
<b>Mailing Address</b> (if different from physical requires proof):			
<b>Employer/Local Union:</b>			
<b>Eligibility:</b>	<b>Employer</b> <input type="checkbox"/> or <b>Relative of Current Member</b> <input type="checkbox"/>	<b>Member's Name:</b>	<b>Relationship:</b>

### ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

☐ **Individual** ☐ **Joint Account with Rights of Survivorship**

<b>Joint Owner:</b>	<b>SSN/TIN:</b>
<b>Street:</b>	<b>Driver's Lic. No:</b>
<b>City/State/Zip:</b>	<b>Date of Birth:</b>
<b>Home Phone:</b>	<b>E-mail:</b>
<b>Cell Phone:</b>	
<b>Joint Owner:</b>	<b>SSN/TIN:</b>
<b>Street:</b>	<b>Driver's Lic. No:</b>
<b>City/State/Zip:</b>	<b>Date of Birth:</b>
<b>Home Phone:</b>	<b>E-mail:</b>
<b>Cell Phone:</b>	

### ACCOUNT DESIGNATIONS

<input type="checkbox"/> <b>Payable on Death (POD)/Beneficiary</b>
<b>Beneficiary/POD Payee:</b> _____ <b>Beneficiary/POD Payee:</b> _____
<b>Street:</b> _____ <b>Street:</b> _____
<b>City/State/Zip:</b> _____ <b>City/State/Zip:</b> _____
<input type="checkbox"/> <b>UTMA</b> _____ (as custodian for _____)
(minor) under the New Jersey Uniform Transfers to Minors Act.)
<b>Minor's SSN/TIN:</b> _____

### ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

<input checked="" type="checkbox"/> <b>Share/Savings:</b> _____	<b>Minimum Deposit (required)</b>	<input type="checkbox"/> <b>Money Market:</b> _____	<b>Minimum Deposit</b>
<input type="checkbox"/> <b>Share Draft/Checking:</b> _____		<input type="checkbox"/> <b>Other:</b> _____	
<input type="checkbox"/> <b>Share Certificate/Certificate:</b> _____			

### ACCOUNT SERVICES

<input type="checkbox"/> <b>Statement delivery:</b>	<input type="checkbox"/> <b>E-statement (Free) sign up on Virtual Branch</b>	<input type="checkbox"/> <b>Mailed statements \$2.00</b>
<input type="checkbox"/> <b>Audio Response:</b>		
<input type="checkbox"/> <b>Debit Card:</b>		
<input type="checkbox"/> <b>Online Banking/Virtual Branch:</b>		
<input type="checkbox"/> <b>Other:</b>		

**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), 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. 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.*

**Certification Instructions.** 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

**CONSENT TO CONTACT**

**BY SIGNING BELOW, YOU AUTHORIZE UNION BUILDING TRADES FEDERAL CREDIT UNION TO DELIVER OR CAUSE TO BE DELIVERED TO YOU AT THE TELEPHONE NUMBERS PROVIDED ABOVE, ADVERTISING AND TELEMARKETING CALLS AND TEXT MESSAGE(S) USING AN AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR AN ARTIFICIAL OR PRERECORDED VOICE. YOU ARE NOT REQUIRED TO SIGN THIS AUTHORIZATION OR ENTER INTO THIS AGREEMENT AS A CONDITION OF PURCHASING ANY PROPERTY, GOODS OR SERVICES.** You may withdraw the consent provided herein at any time by providing written notice to us at 205 Cherry Hill Road, Parsippany, NJ 07054, by email to office@ubtfcu.org or by any other reasonable means.

Signature

Date

**X**

Signature

Date

**X**

By executing this Account Card, you agree we and/or our third-party providers, including debt collectors, may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent to be contacted on your wireless telephone number(s) by written notice to us at 205 Cherry Hill Road, Parsippany, NJ 07054, by email to office@ubtfcu.org or by any other reasonable means. If you have provided a wireless telephone number(s) on or in connection with any account you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) which you have provided to us.

In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless telephone number (i.e. cell phone number), to deliver to you any messages related to suspected or actual fraudulent activity on your account, data security breaches or identity theft following a data breach, money transfers or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. You will have an opportunity to opt-out of such communications at the time of delivery.

**STATUTORY LIEN**

By signing this application you acknowledge, if you are in default on any financial obligation to us, federal law gives us the right to apply the balance of share and dividends in your account(s) at the time of default to satisfy the obligation. Once you are in default, we may exercise the right without further notice to you. You also agree to all terms and conditions of the Credit Union and any amendment the Credit Union makes from time to time which are incorporated herein.

**AUTHORIZATION**

**By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We have received and read the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure.**

**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

Date

**X**

Signature

Date

**X**