

Please print this application. Once completed and signed, please mail to:  
Bethpage Federal Credit Union / Attn: Member Support Services / 899 South Oyster Bay Road / Bethpage New York 11714

① Please indicate if this is a  New account OR a Superseding Account Change: (Check one.)  Tax Payer ID change (ACF)  
or a Name Change for:  Custodian  Successor Custodian

② Please indicate the type of account that you are opening or updating:

<b>Account Type:</b> (Check all boxes that apply)	<input type="checkbox"/> Youth	<input type="checkbox"/> Club	<input type="checkbox"/> Certificate* <input type="checkbox"/> Term: _____ Months
<b>Account #</b> (This will be completed by Bethpage for new accounts)			
<b>For Certificate Accounts:</b>	<input type="checkbox"/> Dividends to remain in certificate account <input type="checkbox"/> Dividends to be transferred to Acct # _____		
<b>For Club Accounts:</b>	You may designate this account as a: <input type="checkbox"/> Holiday Account <input type="checkbox"/> Vacation Account <input type="checkbox"/> Special Purpose Account You may choose to have the funds from this account automatically transferred to your checking account. Checking Account # _____		
Holiday Account's automatically transfer funds in October OR Circle a Month (optional) Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec			

\* Requires minimum balance to open

③

Custodian/Guardian – Last Name		First Name	Middle Initial	Occupation	Social Security Number	
Home Street Address		City	State	Zip	Date of Birth	Home Phone
Driver's License # (or other ID) & State of Issuance		Expiration Date	E-mail Address		Cell Phone	Work Phone

**As Custodian For (ACF) or Guardian of:**

④

Last Name		First Name	Middle Initial	Social Security Number	
Home Street Address		City	State	Zip	Relationship to Above
Membership Eligibility (see instructions) <input type="checkbox"/> Live on L.I. <input type="checkbox"/> Work on L.I. <input type="checkbox"/> Worship on L.I. <input type="checkbox"/> Attend School on L.I. <input type="checkbox"/> Regularly conduct business on L.I.					
Please specify where:					

Being in the field of membership, I/we hereby apply for membership in the Bethpage Federal Credit Union. By my/our signature(s) on this form, I/we agree to conform to the Credit Union's bylaws and amendments thereto as may be established from time to time, and to subscribe for at least one share. I/we further agree any account established with this application will be subject to the terms and conditions set forth in the DISCLOSURE OF TERMS AND CONDITIONS, which I/we have received, and the additional terms and conditions set forth on this form. Bethpage Federal Credit Union custodial accounts are non-transferable; they may not be transferred, assigned or pledged as collateral security for a loan or loans. Custodial accounts are opened pursuant to and governed by the provisions of Sections 7-4.1 through 7-4.13 of the New York State Estates, Powers and Trusts Law.

**Designation of Primary Successor**

(Complete this section if you wish to appoint a Successor Custodian. We strongly recommend that this section be completed to avoid future legal problems in claiming the funds.)

5a Parent or Guardian  
I, \_\_\_\_\_, am acting as custodian for \_\_\_\_\_.  
Name of Custodian Name of Minor

Under the New York Uniform Transfers to Minor Act. That act permits me to designate a successor custodian to act upon my death, resignation or legal incapacity.

I do hereby designate \_\_\_\_\_ residing at, \_\_\_\_\_.  
Name of designated person Address

whose signature appears below, to be such successor custodian for said minor for all accounts opened under the Custodial Account Number(s) appearing above.  
I understand that even after my death, resignation or legal incapacity, such successor custodian's designation will not become effective until the requirements of the New York Uniform Transfers to Minors Act, as to re-registration and delivery of custodial property, are compiled with.

\_\_\_\_\_  
Signature of Designated Successor Custodian Date Witness (other than Successor Custodian) Date

**Designation of Secondary Successor**

(Complete this section if you wish to appoint a Secondary Successor Custodian. We strongly recommend that this section be completed to avoid future legal problems in claiming the funds.)

5b Parent or Guardian  
I, \_\_\_\_\_, am acting as custodian for \_\_\_\_\_.  
Name of Custodian Name of Minor

Under the New York Uniform Transfers to Minor Act. That act permits me to designate a successor custodian to act upon my death, resignation or legal incapacity.

I do hereby designate \_\_\_\_\_ residing at, \_\_\_\_\_.  
Name of designated person Address

whose signature appears below, to be such successor custodian for said minor for all accounts opened under the Custodial Account Number(s) appearing above.  
I understand that even after my death, resignation or legal incapacity, such successor custodian's designation will not become effective until the requirements of the New York Uniform Transfers to Minors Act, as to re-registration and delivery of custodial property, are compiled with.

\_\_\_\_\_  
Signature of Designated Successor Custodian Date Witness (other than Successor Custodian) Date

6 Under penalty of perjury, I/we certify that I/we are U.S. person(s) (including a U.S. resident alien) and (1) that the number shown on this card is my/our correct taxpayer identification number and (2) that I/we are not subject to backup withholding, either because I/we have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has not notified me/us that I/we are no longer subject to backup withholding (Note: If you ARE subject to backup withholding, cross out number 2). The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Please sign in the box to the right. This should be the signature of the person listed on Line #4, if Youth is able to sign his/her name.

\_\_\_\_\_  
Date

For CU use - Person #

**For Credit Union Use Only**

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ChexSystem/Credit Report Results: No record Record (details)		Branch:	Date Opened:
		Opened By:	In FOM Thru:
ID Verified through: Physical ID (List issuing Agency and # for each person) Credit Report (List Credit Report Agency)	Member	JT1	JT2
\$5 Management Hold	Combined Statement	Cycle Date	Account Title
Cycles	Activity Manager	Extended Check Hold (Extended 10 days: \$500)	

## BETHPAGE CUSTODIAL/GUARDIAN ACCOUNT SIGNATURE CARD INSTRUCTIONS

Be sure to read both sides of the form and these instructions to properly complete the Custodial/Guardian Account Signature Card

### Important Reminder:

In order to process your application for membership, you must include a clear, legible photocopy of one piece of acceptable documentation to verify your identity. Acceptable documents include:

- An unexpired driver's license, with photo, issued by a state within the United States
- An unexpired non-driver photo identification, issued by a state within the United States
- An unexpired U.S. passport
- An unexpired foreign passport, with photo, that evidences country of issuance, nationality and U.S. residency visa
- Any unexpired, foreign government issued form of identification, with photo, evidencing nationality and residence
- United States Armed Forces military identification
- Any unexpired, U.S. government issued form of identification, with photo, evidencing nationality and residence

If you have any questions regarding the identification requirements for membership, please call our Telephone Service Center at 800-628-7070.

### INSTRUCTIONS FOR FILLING OUT THIS FORM:

#### On Page 1 of the Custodial/Guardianship Account Signature Card:

**Section #1:** Check the appropriate box to indicate if you are filling out this form to open a new account or to update existing account information. Changes supersede all previous designations.

**Section #2:** Check the box(es) of the type of account(s) that you are opening or updating. For a new account, leave the "Account Number" spaces blank. The account number(s) will be completed by Bethpage. You may use the same form for more than one account as long as the owners listed in section #3 and #4 are identical for each account selected. Check as many boxes as apply. For Certificate terms, please refer to our current rate sheet or visit [lovebethpage.com](http://lovebethpage.com)

**Section #3:** The Custodian/Guardian on the account needs to fill out the appropriate information as listed. Under "Driver's License (or other ID)," list the state of issuance and the number from one of the acceptable forms of identification indicated in the box at the top of this instruction page.


**Section #4:** Fill in the information of the child of whom you are custodian/guardian of. Membership in Bethpage Federal Credit Union is open to those who live, work, worship, go to school, or regularly conduct business in Nassau or Suffolk counties (with the exception of Southampton, East Hampton and Shelter Island). Under "Membership Eligibility", please indicate your eligibility for membership by checking the appropriate box.

#### On Page 2 of the Custodial/Guardianship Account Signature Card:

**Section #5a & 5b:** If you wish to appoint a successor, as custodian/guardian you need to fill in this section completely providing signature of successor and witness.

**Section #6:** The owner listed in Section 3 needs to read the affirmation and sign in the appropriate boxes. Do not write in the dashed-line boxes marked "Person #"; these are for official Credit Union (CU) use only.

**Section #7:** Do not write in this section. This is for official Credit Union use only.

continued on  
other side 

  
**Bethpage**  
Federal Credit Union