

MEMBERSHIP ACCOUNT SIGNATURE CARD INSTRUCTIONS

Important requirements:

In order to process your application, you must provide one piece of acceptable documentation to verify your identity and the identity of any joint owner(s), if applicable.

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 or this application, please call us at 800-628-7070.

- SECTION #1** Check the appropriate box to indicate if you are filling out this application to open a new account, or to update existing information. Changes supersede all previous designations.
- SECTION #2** Check the box(es) for the type of product(s) and optional services 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. If this is a change to an existing account, please enter your account number(s). You may use the same form for more than one account as long as the owners listed in Section #3 are identical for each account selected. For Certificate terms, please refer to our current rate sheet, or visit lovebethpage.com.
- SECTION #3** Each owner on the account needs to fill out the appropriate information as listed. The person listed in 3a is the person with whom all taxes will be reported. Under "Identification Type," list the Identification No. and Place of Issuance from one of the acceptable forms of identification indicated in the box at the top of this instruction page.
- SECTION #4** If you are designating any beneficiaries of the funds in these accounts, do so here. Complete the information as indicated. For more than one (1) beneficiary, indicate what proportion of the funds should go to each party. The proportions must total 100%. If you leave the "Share %" boxes blank, we will divide the allocations equally among the surviving designated beneficiaries. You can always change the beneficiaries or the percentage of their allocations at a later date, if you so choose. If you are setting up this account "in trust for" another individual, and that individual is the ONLY beneficiary on this account, then mark the indicated box. If you have more than four (4) beneficiaries, please fill out additional Membership Account Signature Card(s) to accommodate the additional beneficiaries, and mark the bottom of page one accordingly on each Membership Account Signature Card.
- SECTION #5** Each owner listed in lines 3a, 3b, and 3c needs to read the affirmation and sign in the appropriate boxes.
- SECTION #6** Do not write in this section. This is for internal use only.

MEMBERSHIP ACCOUNT SIGNATURE CARD

1 ACCOUNT DESIGNATION.

Please indicate if this is a New account or a Change to an existing account (check one).*

Check here if there has been a change to: Member/Taxpayer Joint Owner Beneficiary

*This change supersedes all previous designations.

2 PRODUCT TYPE AND OPTIONAL SERVICES.

Please indicate the type of account that you are opening or updating. Check all that apply.

Savings

Checking

Money Market

Special Purpose

Certificate

Young Adult Savings

Young Adult Checking

Vacation Holiday

Term: _____ Months

ATM Card

Debit Card Checks

Checks

ACCOUNT NUMBER(S).

3a ACCOUNT OWNER INFORMATION.

Member/Taxpayer: Last Name	First Name	M.I.	Occupation	Social Security/Tax ID No.
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Home Street Address	City	State	Zip Code	Email Address	Date of Birth
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Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other ID	Expiration Date	Landline Phone No.	Wireless Phone No.	Work Phone No.
Identification No. and Place of Issuance:				<input type="checkbox"/> Landline <input type="checkbox"/> Wireless

Are you aware of being on a government watch list? (i.e. PEP or OFAC) No Yes Details:

3b ACCOUNT OWNER INFORMATION.

Joint Owner: Last Name	First Name	M.I.	Occupation	Social Security/Tax ID No.
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Home Street Address	City	State	Zip Code	Email Address	Date of Birth
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Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other ID	Expiration Date	Landline Phone No.	Wireless Phone No.	Work Phone No.
Identification No. and Place of Issuance:				<input type="checkbox"/> Landline <input type="checkbox"/> Wireless

Are you aware of being on a government watch list? (i.e. PEP or OFAC) No Yes Details:

3c ACCOUNT OWNER INFORMATION.

Joint Owner: Last Name	First Name	M.I.	Occupation	Social Security/Tax ID No.
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Home Street Address	City	State	Zip Code	Email Address	Date of Birth
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Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other ID	Expiration Date	Landline Phone No.	Wireless Phone No.	Work Phone No.
Identification No. and Place of Issuance:				<input type="checkbox"/> Landline <input type="checkbox"/> Wireless

Are you aware of being on a government watch list? (i.e. PEP or OFAC) No Yes Details:

4 BENEFICIARY DESIGNATION.

I/We agree that, upon the death of the last surviving account owner, all funds remaining in the above-referenced account(s) shall be paid to the designated beneficiary(ies) in the share percentages indicated. If more than one beneficiary is designated, and no share percentage is indicated, the beneficiaries will be paid equal shares. If any beneficiary dies before the last surviving account holder, his or her interest, and the interest of his or her heirs, shall terminate completely, and the share percentage of any remaining beneficiary(ies) shall be increased on a pro rata basis. I/We acknowledge that the account beneficiary designation(s) indicated on this form supersede all previous beneficiary designations. It is further agreed that no joint account holder may add, delete, or otherwise amend the designated beneficiary(ies) without the consent of all other joint account holders.

If you name only one beneficiary to an account, you may include the "In-Trust-For" (ITF) designation in the account title.

Check this box if the account is in trust for another individual and to include "ITF" in the account title. Write the name of the individual below.

_____ This account is "In-Trust-For" (print name)

Beneficiary Name & Address	Date of Birth	Social Security / Tax ID No.	Share %
	Phone No.	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless	+
Beneficiary Name & Address	Date of Birth	Social Security / Tax ID No.	Share %
	Phone No.	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless	+
Beneficiary Name & Address	Date of Birth	Social Security / Tax ID No.	Share %
	Phone No.	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless	+
Beneficiary Name & Address	Date of Birth	Social Security / Tax ID No.	Share %
	Phone No.	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless	=

If you have more than four (4) beneficiaries, please fill out additional Membership Account Signature Card(s) to accommodate the additional beneficiaries, and mark the bottom of page 1 accordingly on each Membership Account Signature Card.

Please add up the Share % for all beneficiaries. *(The total must equal 100%)*

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5 MEMBERSHIP AGREEMENTS AND SIGNATURES.

Agreement to Terms and Conditions

By signing below, I/we acknowledge and agree that: (1) the information provided in this Bethpage Federal Credit Union ("Bethpage") Membership Account Signature Card is true and correct to the best of my/our knowledge; (2) I am/we are applying for a Bethpage membership; (3) I/we have received Bethpage's Consumer Member Account Agreement, Bethpage's Fee Schedule, Bethpage's Consumer Member Privacy Notice and any additional required disclosures applicable to this/these Bethpage account(s); (4) I/we agree to be bound by all the terms and conditions applicable to this/these Bethpage account(s) and Bethpage related services, including as each may be amended from time to time; (5) I/we authorize Bethpage to verify any information provided on this application, to inquire of references and other account relationships, and to obtain business and consumer reports from credit reporting agencies on me/us; (6) I/we authorize Bethpage to check my/our credit and employment history; (7) Bethpage may obtain a credit report on me/us and if the application is approved, Bethpage may also obtain additional consumer reports for all legitimate purposes in connection with updating, renewing, modifying, taking collection action on my/our Bethpage account(s) and to evaluate me/us for other Bethpage products and/or services; (8) I/we agree that Bethpage may report information about my/our Bethpage account(s) to credit bureaus and/or check verification systems and to answer questions or requests from others seeking credit experience about my/our Bethpage account(s); and (9) I/we am/are not a foreign (non-US) government official or political officeholder, nor am/are I/we a close associate or family member of a foreign government official or political officeholder.

Certification of Tax Identification Number (Substitute IRS Form W-9)

By signing below, under penalty of perjury, I certify that: (1) the number on this form is my correct Taxpayer Identification Number; 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 (including a U.S. resident alien), as defined in the IRS W-9 instructions.

The FATCA code is not applicable; Bethpage Federal Credit Union is not a foreign financial institution.

Certification Instructions: You must cross out Item 2 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.

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 of Member/Taxpayer (3a)	Date
Signature of Joint Owner (3b, if applicable)	Date
Signature of Joint Owner (3c, if applicable)	Date

6 FOR INTERNAL USE ONLY.

Account Number(s) Opened/Updated:		
Date:	Branch:	Representative:
Courtesy Pay (Reg E):	<input type="checkbox"/> Opt In <input type="checkbox"/> Opt Out <input type="checkbox"/> N/A	Form Completed and System Election Verified <input type="checkbox"/> Yes <input type="checkbox"/> N/A