

Student Membership And Services Application Card Account # _____

For Credit Union Use Only

Important Information About Procedures for Opening A New Account

To help the government fighting 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. 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.

Complete the Membership Application Card below and bring it, along with required proof of identity and your initial deposit of \$5.00 or more, to the Credit Union to open your Share Savings Account. If a joint member is being included on the account, a deposit of \$10 is required.

Primary Owner

(Last Name) _____ (First Name) _____ (Middle Name) _____

Tax ID or Soc. Sec. No. _____ Princeton University ID No.* _____

Home Address _____

City _____ State _____ Zip _____ Cell Phone _____

Home Phone _____ Home E-Mail _____

Campus Address _____

City _____ State _____ Zip Code _____

Campus Phone _____ Campus E-Mail _____

Date of Birth _____ Driver's License No. _____ State _____

Prefer To Receive Mail At: Home Address Campus Address

Eligible for Membership as a result of

Student of _____

*If Applicable

Joint Owner/Member

(Last Name) _____ (First Name) _____ (Middle Name) _____

Date of Birth _____ Tax ID or Soc. Sec. No. _____

Address _____

City _____ State _____ Zip _____ Cell Phone _____

Home Phone _____ Home E-Mail _____

Employer _____ Occupation _____

Work Phone _____ Work E-Mail _____

Driver's License No. _____ State _____

Relationship to Primary Owner _____

Products And Services

Type Of Ownership:

- Individual
 Joint Owner
 Joint Member

Accounts:

- Share Savings
 Checking*
 Money Market

Services Requested:

- VISA® Debit Card
 PFCU ATM Card
 CU Direct Home Banking/CALL
24 Telephone Banking

Additional Information Requested:

- Direct Deposit/Payroll Deduction
 Loans
 VISA® Credit Card
 Pay-On-Death Account
 IRA

I do not want internet banking or CALL 24 telephone banking access. _____ (initial here)

*I do not want overdraft protection from my savings account. _____ (initial here)

Member Security Code

Set up a password to help verify your identity should you request account information via phone or fax.

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(Choose up to 8 numbers and/or letters)

Taxpayer Identification Number 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,
- (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. person (including U.S. resident alien).

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. Cross out Item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION: By signing below, I/we agree to the terms and conditions of the Membership Account Agreement, Rate and Fee Schedule, and to any amendment the credit union makes from time to time as incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By signing below, I/we hereby make application to Princeton Federal Credit Union to check my/our credit history for any reason, including verification of the information on this application. I/We understand I/we will receive all product/service disclosures after my/our application is approved, and that some services require credit approval.

Primary Owner Signature _____ Date _____

Joint Owner/Member Signature _____ Date _____

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Member Verification

- Driver's License Passport Alien ID
 Other _____

Location of ID Issuance (Federal, State, County) _____

ID Number _____ Expiration Date _____

Signed _____ Date _____