

Membership Application



WWW.LSFCU.ORG
Telephone: (201) 659-3900
Fax: (201) 659-7627

Main Branch
 666 Newark Avenue, Jersey City, NJ 07306
North Hudson Branch
 108 48th Street, Union City, NJ 07087
City Line Branch
 1347 John F. Kennedy Blvd.
 Bayonne, NJ 07002

3 EASY WAYS TO JOIN!

- ★ **1 TO JOIN IN PERSON AT BRANCH**
 - Show Proper ID*
 - \$25 Initial Deposit
- ★ **2 TO JOIN BY MAIL**
 - Copy of Proper ID
 - Send Check/MO for Monthly Fee and Initial Deposit
- ★ **3 TO JOIN THRU SEG EMPLOYER ON SITE**
 - See HR Rep or LSFCU Rep when Onsite
 - Show Proper ID
 - No Initial Deposit Required (Sign up for Direct Deposit or Payroll Deduction with Representative)

REQUIRED FORMS OF ID (by mail or at branch)

Provide copies of one of the following for each account holder:

- Driver's license*
- SSN/TIN numbers are required for all account holders
- State DMV issued photo ID
- US Military ID card (requires additional proof of address)
- Passport (requires additional proof of address)
- For Youth Accounts (17 and under) provide birth certificate

*Address on license must match address on application

Primary Account Holder

Last Name	First	Middle	SSN/TIN
Home Address		Apt/Unit #	Date of Birth
City	State	Zip	Home/Cell #
Email Address	Driver's license # & State		Mother's Maiden Name
Employer Name	Department		Work Phone #
Employer Address			

Membership Eligibility

Do you Live Work Worship Attend school in Hudson County, NJ

If NO, are you:

- Employee of Company or organization associated with LSFCU as a Special Employer Group
- Retired employee of a company or organization associated with LSFCU as a Special Employer Group
- Related to a current LSFCU member

Current member's name and account # _____

Accounts

Share savings (required for membership):

Age 18+: \$25 minimum deposit, balance payroll deduction or direct deposit

Age 17 and under: \$5 minimum deposit

- Freedom Checking - NO opening balance
- Money Market - \$2,500 min. opening balance
- Certificate Of Deposit - \$500 min. balance
- Club Account - \$5 min. balance or P/R or Direct Deposit

Other Services Requested

- Direct Deposit Payroll Deduction LSFCU Visa Check Card Tellerphone PIN LibertyLink PIN

Joint Account Holders (other than Primary): Must Provide Acceptable Forms of ID and SSN/TIN #'s.

Joint Account Holder #1 (parent or guardian in case of Youth Account)		Joint Account Holder #2 (parent or guardian in case of Youth Account)	
Name: Last/Middle/First		Name: Last/Middle/First	
SSN/TIN	Date of Birth	SSN/TIN	Date of Birth
Driver's license # & State		Driver's license # & State	
Home Phone/Cell #	Work Phone #	Home Phone/Cell #	Work Phone #
Email Address		Email Address	
Home Address	Apt/Unit #	Home Address	Apt/Unit #
Mother's Maiden Name		Mother's Maiden Name	

You are only a few more steps to LSFCU benefits - Please complete Other Side.

Designated Beneficiaries to Account Holder

Designated beneficiary(ies), if any, will become the Account Holder(s) of these accounts upon the death of all Account Holder(s) signed below. The beneficiary(ies) have no right during the lifetime of the Account holder. For (3) or more beneficiaries, please fill out additional Application(s).

Last Name		Middle		Last Name		Middle	
First		Date of Birth		First		Date of Birth	
Relationship		Email Address		Relationship		Email Address	
Social Security #		Driver's license # & State		Social Security #		Driver's license # & State	
Home Address				Home Address			
City		State		City		State	
Home Phone/Cell #		Work Phone #		Home Phone/Cell #		Work Phone #	

Payer's Request for Taxpayer Identification

The Internal Revenue Service does not require the Primary Account Holder's consent to any provision of this document other than the certifications required to avoid backup withholding.

Part I Taxpayer Identification Number (TIN). Enter the Primary Account Holder's Social Security Number or TIN Here

Note: If the Accounts being opened with this Application are in more than one name, see IRS chart for guidelines on which number to give the Payer: _____.

Part II Backup withholding on Account(s) opened after December 31, 1983.

Check this box if the Primary Account Holder is not subject to backup withholding. [See copy of IRS instructions for Form -9 or IRS Code Section 3406 (1)©.] CERTIFICATION - By checking the box on the left and signing below, the Primary Account Holder certifies, under penalty of perjury, that the TIN shown on this form is the correct TIN and the Primary Account Holder is not subject to backup withholding.

Part III All Account holders are U.S. persons (Including U.S. resident aliens).

Account Agreement with the Right of Survivorship

Liberty Savings Federal Credit Union (LSFCU) is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business on each Account opened under this membership. All Account Holders hereby agree with each other and with LSFCU that all sums now on deposit or heretofore or hereafter deposited to any Account opened under this membership are and shall be owned by them jointly with right or survivorship and be subject to the withdrawals or any of them, and payments to them or the survivor(s) shall be valid and discharge LSFCU from any liability of such payment. Any Account Holder may pledge any and all funds on deposit in any Account open under this membership as collateral for a loan of loans. The right or authority of LSFCU under this agreement shall not be changed or terminated by and Account Holder except by written notice to LSFCU which shall not affect transactions therefor made. Shares are not transferable except on the books of LSFCU.

Credit Report Authorization

By signing below, all Account Holders authorize LSFCU to verify any of the information furnished on this Application. All Account Holders also authorize LSFCU to gather whatever information it considers necessary and appropriate, including a credit report. As required by law, all Account Holders are hereby notified that a negative credit report reflecting on any Account Holders' credit may be submitted to a credit reporting agency if any Account Holder fails to fulfill the terms of any credit obligation.

Membership & Account Application / Signatures

By signing below, all Account Holders certify, under penalty of perjury, that all above information in this Application is true and correct. All Account Holders hereby make application for membership in and agree to conform to the By-laws and all disclosures provided separately or any amendments thereof in LSFCU. This Application controls all Accounts presently offered or to be offered by LSFCU in the name of the Account Holder(s) whose signature(s) appear below. Unless the Account Holder(s) otherwise notifies LSFCU in writing, each of the Account opened, utilized or closed, under this membership, shall be controlled by the provisions contained on the Application.

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

Primary Account Holder's Signature X	(1) Joint Account Holder #1 Signature X
Date	(2) Joint Account Holder #2 Signature X

For Credit Union Use Only

Last Name		First		Middle	
Account #			SSN/TIN		Eligibility Code
<input type="checkbox"/> ATM Card		<input type="checkbox"/> Check Card		<input type="checkbox"/> Tellerphone	
<input type="checkbox"/> LibertyLink		<input type="checkbox"/> Direct Deposit		<input type="checkbox"/> P/R	
<input type="checkbox"/> CS OK <input type="checkbox"/> CS NR <input type="checkbox"/> CS NG <input type="checkbox"/> SSN: yr _____ State _____ Initials: _____ Date: _____			Approved by: <input type="checkbox"/> Membership Officer <input type="checkbox"/> Board <input type="checkbox"/> Exec. Comm. Signature _____ Date _____		
<input type="checkbox"/> Credit Report Run: Initials: _____ Date: _____					



Our knowledgeable and caring staff is well-trained in many aspects of money management and can guide you on the right path to healthy finances and credit. At LSFCU, we want to offer you more than just banking, we want to be your home for financial knowledge, well-being and growth. Ask about our community outreach and financial education programs. Excellent credit, fair credit or poor credit.....Liberty Savings Federal Credit Union is at your side helping you to build YOUR American Dream.

DUE DILIGENCE QUESTIONNAIRE

QUESTIONNAIRE TYPE: PERSON

IDENTIFICATION

First & Last Name _____

Social Security Number (SSN) _____ No Social Security Number

INTERPRETER

Is there an interpreter or someone else speaking on the behalf of the customer? Yes No

If you answered "Yes", what is the name and Social Security Number (SSN) of the interpreter?

First & Last Name _____

Social Security Number (SSN) _____ No Social Security Number

GENERAL INFORMATION

What is your employment status?

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Student | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Foreign Student | <input type="checkbox"/> Minor |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired | <input type="checkbox"/> Disabled |

If you selected **Employed, Self-Employed, Unemployed, Retired, or Disabled** above, please complete the following:

What was/is your occupation? _____ No former occupation

Are you a frequent traveler? Yes No If you answered "Yes", please complete the following:

Do you travel outside the US? Yes No If you answered "Yes", please complete the following:

To which countries do you travel?

DUE DILIGENCE QUESTIONNAIRE - CONTINUED

Will you be using a safe deposit box? Yes No

DECLARED BEHAVIOR

Will the initial deposit exceed \$5,000? Yes No

What is the source of funds for this initial deposit?

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Employment income | <input type="checkbox"/> Trust | <input type="checkbox"/> Lottery/Betting/Casino win | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Legal settlement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grants/Scholarships | <input type="checkbox"/> Internal Transfer | <input type="checkbox"/> Insurance claim payments | |
| <input type="checkbox"/> Retirement/Pension income | <input type="checkbox"/> Investment income savings | <input type="checkbox"/> Sale of assets | |

If you selected "other" above, please describe: _____

Will you deposit or write checks? Yes No If you answered "Yes", please complete the following:

Will you be using mobile/remote deposit capture to deposit your checks? Yes No

Will you deposit or withdraw cash? Yes No If you answered "Yes", please complete the following:

Approximately how much cash do you expect to **deposit** each month?

- | | |
|--|---|
| <input type="checkbox"/> \$0 - \$1,000 | <input type="checkbox"/> \$5,000 - \$10,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$10,000+ |
| <input type="checkbox"/> \$3,000 - \$5,000 | |

Approximately how much cash do you expect to **withdraw** each month?

- | | |
|--|---|
| <input type="checkbox"/> \$0 - \$1,000 | <input type="checkbox"/> \$5,000 - \$10,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$10,000+ |
| <input type="checkbox"/> \$3,000 - \$5,000 | |

Will you send or receive wire transactions? Yes No If you answered "Yes", please complete the following:

What is the expected monthly total of wire transactions that you expect to **send**?

- | | |
|--|---|
| <input type="checkbox"/> \$0 - \$1,000 | <input type="checkbox"/> \$5,000 - \$10,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$10,000+ |
| <input type="checkbox"/> \$3,000 - \$5,000 | |

DUE DILIGENCE QUESTIONNAIRE - CONTINUED

What is the expected monthly total of wire transactions that you expect to **receive**?

- \$0 - \$1,000 \$5,000 - \$10,000
 \$1,000 - \$3,000 \$10,000+
 \$3,000 - \$5,000

Will these wires be sent to or received from non-U.S. locations? Yes No

If you answered "Yes", please complete the following:

To/From which countries do you expect to send/receive wires?

Will you send or receive electronic (non-wire) transactions? Yes No

If you answered "Yes", please complete the following:

What is the expected monthly total of electronic transactions that you expect to send?

- \$0 - \$1,000 \$5,000 - \$10,000
 \$1,000 - \$3,000 \$10,000+
 \$3,000 - \$5,000

Will these electronic transactions be sent to or received from non-US locations? Yes No

If you answered "Yes", please complete the following:

To/From which countries do you expect to send/receive electronic transactions?

NON-RESIDENT ALIENS & FOREIGN INDIVIDUALS

Are you a U.S. citizen? Yes No If you answered "No", please complete the following:

What is your country of origin (home country or country of citizenship)? _____

Do you have a Green Card, or are you a foreign resident of the U.S. (legal permanent resident)? Yes No

If you answered "Yes", please complete the following:

What is your Green Card identification number? _____

DUE DILIGENCE QUESTIONNAIRE - CONTINUED

If you answered "No", (you are not a foreign resident of the U.S. (legal permanent resident), or you do not have a green card), please complete the following:

Do you have a U.S. Individual Taxpayer Identification Number (ITIN)? Yes No

If you answered "Yes", what is your U.S. Individual Taxpayer Identification Number? _____

Do you have citizenship with any other country? Yes No

If you answered "Yes", with what other countries do you have citizenship?

POLITICALLY EXPOSED PERSONS

Are you currently, or have you ever been a politically exposed person (PEP) or a senior political figure? Yes No

If you answered "Yes", in what country are/were you a PEP?

If you answered "No", are you an immediate family member, or a close associate of someone who is currently, or who was, a PEP? Family Member Close Associate No

If you selected "Family Member", what is the nature of your relation to him/her?

- Parent Sibling Child
 Spouse/Domestic partner In-law Step/Half family member

If you answered "What is the nature of your relation to him/her?" above, complete the following:

What is the first and last name of the PEP? _____

In what country is/was the person a PEP? _____

If you selected "Close Associate" above, what is the nature of your association with him/her?

- Advisor Joint account holder
 Person acting in a fiduciary capacity Girlfriend/Boyfriend
 Consultant Mistress/Manstress
 Close business colleague

DUE DILIGENCE QUESTIONNAIRE - CONTINUED

If you answered "What is the nature of your association with him/her?", please complete the following:

What is the first and last name of the PEP? _____

In what country is/was the person a PEP? _____

EMBASSY, FOREIGN CONSULATE OR FOREIGN MISSION EMPLOYEE

Are you an employee of an Embassy, Foreign Consulate or Foreign Mission? Yes No

If you answered "Yes", what is the home country of the Embassy, Foreign Consulate or Foreign Mission?

Notes: _____

Completed By:

First & Last Name _____

Signature: _____

Date: _____