

Thank you for your interest in
Kent Hospital Employees' Federal Credit Union

Please note that every account needs to have:

1. Joint Owner or Beneficiary (POD)
2. A **clear copy** of a picture Identification for the new member as well as any joint owners
3. **Required** opening balances
 - A. \$5.00 per Savings
 - B. \$25.00 checking (if applicable)

*Please mail to:

Kent Hospital Federal Credit Union
455 Tollgate Road
Warwick, RI 02886

4. Upon completion of this form you need to (choose one)

- A Print form and mail with required deposit(s)
- B Email completed application to KHcreditunion@kentri.org
- C Fax completed application to 401-736-1964

How did you hear about us? _____

What is your employee number? _____
(if you do not have one please place 0000 in the above spot)

How are you affiliated with Kent Hospital Credit Union? _____

Account Type and Services

- | | |
|---|--|
| <input type="checkbox"/> Share/ Savings_____ | <input type="checkbox"/> Internet Banking_____ |
| <input type="checkbox"/> E Statements_____ | <input type="checkbox"/> Opt IN/ Opt Out (debit card)
_____ |
| <input type="checkbox"/> Checking_____ | <input type="checkbox"/> Christmas Club_____ |
| <input type="checkbox"/> ATM/Debit Card_____ | <input type="checkbox"/> Vacation Club_____ |
| <input type="checkbox"/> Overdraft Protection(checking) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Checks_____ | _____ |
| <input type="checkbox"/> Payroll deduction_____ | _____ |
| <input type="checkbox"/> Direct Deposit_____ | _____ |

Member Application and Ownership Information

Date: _____ Control Number _____

OFAC _____ Joint _____ Date _____

Member No: _____

Member/Owner: _____

Street: _____ SSN/TIN: _____
 City/State/Zip: _____ Driver's Lic. No: _____
 Home Phone: _____ Date of Birth: _____
 Work Phone: _____ Employer: _____
 Eligibility: _____ E-mail: _____

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 © the IRS the IRS has informed 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; an estate (other than foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

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, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment of the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If and access card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds 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.**

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

Account Ownership

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

- Individual
 Joint Account with Rights of Survivorship
 Joint Account without Rights of Survivorship

Joint Owner _____

Street: _____ SSN/TIN: _____
 City/State/Zip: _____ Driver's Lic. No: _____
 Home Phone: _____ Date of Birth: _____
 Work Phone: _____ Employer: _____
 Eligibility: _____ E-mail: _____

Joint Owner _____

Street: _____ SSN/TIN: _____
 City/State/Zip: _____ Driver's Lic. No: _____
 Home Phone: _____ Date of Birth: _____
 Work Phone: _____ Employer: _____
 Eligibility: _____ E-mail: _____

Account Designations

Payable on Death (POD)/ Trust Account

All Accounts Designate Specific Accounts _____

1. Beneficiary/POD Payee: _____

Street: _____

City/State/Zip: _____

2. Beneficiary/POD Payee: _____

Street: _____

City/State/Zip: _____

UTMA/UGMA (as custodian for _____ (minor)

under the Uniform Transfers/ Gifts to Minors Act)

Minor's SSN _____

Agency Print Name of Agent: _____

Signature: _____ Date: _____

All Accounts Designate Specific Accounts _____

Other: _____ See Account Authorization Card

For Credit Union Use Only See Account Change Card See Insurance Beneficiary Card

Date of Membership: _____ Opened App'd by: _____ Member Verification: _____

Credit Report Check Verify PIN Request

Access Card Audio Response Internet Banking