



# MEMBERSHIP ACCOUNT AGREEMENT

Select Account Type:  Individual  Joint  Trust  UTMA

**PRIMARY Owner Information or Trust Information**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**Important Information about procedures for opening a new account:** to help the government fight 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. What this means for you—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 drivers license or other identifying documents.

**JOINT Owner Information**

Relationship:  Joint Owner  Custodian  Trustee

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**BENEFICIARY DESIGNATIONS**

Name and Address: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Name and Address: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

\_\_\_\_\_ as custodian for \_\_\_\_\_ (minor), under the Uniform Transfers to Minors Act.  
(Name of Custodian) (Name of Minor)

## PLEASE READ AND SIGN BELOW

**Form of accounts ownership, account selection and other account information indicated on this application applies to all the accounts unless Beacon Federal is notified in writing of a change.**

**Authorization:** I/we acknowledge that I/we have received, read and agreed to the terms and conditions of the Account Agreement. I/we understand that Beacon Federal will provide the following applicable disclosures to me once the application is processed: Truth-in-Savings Disclosure, Electronic Funds Transfer Agreement & Disclosure, Fees and Charges Schedule, Investment Rates Schedule, Privacy Policy Disclosure, Funds Availability Policy Disclosure and any amendments that Beacon Federal makes from time to time. The terms and conditions of these documents are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosure(s) applicable to the accounts and services requested herein. You authorize us to obtain information about you, including a credit report, from third parties. If you ask, you will be told whether a credit report was requested and, if so, the name and address of the credit reporting agency that furnished the report. We may request subsequent consumer reports to update our file or to decide whether to continue any account relationship with you.

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION** Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- 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**
- I am a U.S. person (including a U.S. resident alien).

**Certification instructions:** You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

**PLEASE SIGN HERE**

Beacon Account #: \_\_\_\_\_

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

**I am requesting the following services:**

Checking: \_\_\_\_\_ **With Beacon Check Card**  YES  Savings: \_\_\_\_\_  Club: \_\_\_\_\_  
(subject to approval — please specify type) (please specify type) (please specify type)

e-Statements (email address required - complete above)  direct deposit  on-line bill pay  bank to bank transfer  BCSC Insurance services  BCSC Investment services  BCSC Tax services

**Beacon Check Card Agreement:** I understand that my use of the Beacon Check Card acknowledges that I have read and understand the terms and conditions outlined in the Electronic Funds Transfer Agreement, which will be forwarded to me along with the Check Card. I also understand that Beacon Federal may terminate my Beacon Check Card at any time.

Revised: Mar 2009