

**Master Membership Application  
Custodial Account**

Open Date: \_\_\_\_\_  
Member Number: \_\_\_\_\_  
Share ID: \_\_\_\_\_

You certify that you are eligible for membership on the basis that you:  Reside  Work  Volunteer  Attend School  Worship in Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Ulsterr Westchester County. You are an  Immediate Family  Household member of: \_\_\_\_\_ who is a current member.  
Relationship: \_\_\_\_\_

**Primary Signer Identification (Custodian)**

Type: \_\_\_\_\_ Issued By: \_\_\_\_\_ ID # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Custodial / NYUTMA** check only one: Until the age of 18  or Until the age of 21

**Certificate Details** Amount: \_\_\_\_\_ Term: \_\_\_\_\_  
Dividend Disbursement:  Credit to Certificate  Credit to Share ID: \_\_\_\_\_

**Account Owner (Minor)**

Last Name	First Name	Middle Initial	Date of Birth	Social Security Number
Residential Address	City	State	Zip	Home Phone
Mailing Address	Passcode	E-mail		

**Custodian**

Last Name	First Name	Middle Initial	Date of Birth	Social Security Number
Residential Address	City	State	Zip	Home Phone
Mailing Address	Passcode	E-mail		

**DESIGNATION OF SUCCESSOR CUSTODIAN:** You designate \_\_\_\_\_ who is the \_\_\_\_\_ (name of the designated person) \_\_\_\_\_ (relationship) of the minor to be such Successor Custodian for the minor named on the account.

**IMPORTANT INFORMATION ABOUT THE 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 you 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.

**Sharing Information**  If this box is left unchecked, information relating to your account(s) may be shared with Hudson Valley CU's affiliates.

This application serves as the Master Membership Application – Custodial Account or Supplemental Application, and controls all subsequent accounts opened under this member number, except for Trust Accounts, and is a continuing authorization to open any other account for me on my verbal request and deposit of funds.

**Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). For most entities, it is your Employer Identification Number (EIN). If you do not have a number, refer to the instructions outlined on the Internal Revenue Service's Website: [www.irs.gov](http://www.irs.gov)

SSN/TIN number:

**TIN Certification**

You certify under penalties of perjury that the following is true: (1) The number shown on this form is your correct taxpayer identification, and (2) you are not subject to backup withholding.  You agree to check the box if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (3) You are 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 or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7). (4) The FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting is correct. Exempt payee code (if any) \_\_\_\_\_. Exemption from FATCA reporting code (if any) \_\_\_\_\_. **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 and TIN Certification (with title, if applicable)

Date

Witness Signature to Custodian's Successor Designation

Date