

Membership Application (cont'd)

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 Name		Last Name		Middle Name	
First Name		Date of birth		First Name		Date of birth	
Relationship		Home E-mail address		Relationship		Home E-mail address	
Social Security #		Driver's License # & State		Social Security #		Driver's License # & State	
Address				Address			
City State		Zip		City State		Zip	
Home Phone # ()		Work Phone # ()		Home Phone # ()		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 than 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 of survivorship and be subject to the withdrawals of 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 or loans. The right or authority of LSFCU under this agreement shall not be changed or terminated by any Account Holder except by written notice to LSFCU which shall not affect transactions therefore 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 Accounts opened, utilized or closed, under this membership, shall be controlled by the provisions contained on this 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 <input type="checkbox"/> ATM <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:_____	LSFCU-Memb-2007



LIBERTY SAVINGS

★Federal Credit Union★

www.LSFCU.org

Membership Application

Enjoy the financial freedom, benefits and convenience of Credit Union Membership!

Please take a moment and tell us how you heard about Liberty Savings Federal Credit Union

LIBERTY SAVINGS FEDERAL CREDIT UNION

is unique because we are a not-for-profit and member owned financial institution. We return excess earnings to our members in the form of friendly and personal service, lower interest rates for loans, higher yields on savings and investment accounts and by adding new financial products and services. We invite you to take advantage of the benefits found in Credit Union Membership.

Joining Is Easy

To become a member, complete the attached Membership Application card and return it to the credit union. There is a one time \$10* membership fee.

*Fee is waived for members joining through a Select Employee Group.

SIGN-UP TODAY!

- Complete the Membership Application (front and back). If a Joint Account, complete all joint owner information.
- Attach a copy of one form of identification: Driver's License, Employment ID Badge, Military ID, Passport, Valid Age of Majority Card, Student ID or Payroll Deduction Form (joint owner must provide also).
- Sign-up by mail or in person: Mail check or money order payable to Liberty Savings Federal Credit Union for \$10.00* (anyone wishing to immediately apply for a loan must deposit a minimum of \$25).
- Detach the completed Membership Application Card, enclose in an envelope with your initial deposit, return to the credit union office.

*Fee is waived for members joining through a Select Employee Group.



LIBERTY SAVINGS ★Federal Credit Union★

Main Office

666 Newark Avenue, Jersey City, NJ 07306

Union City Office

108 48th Street, Union City, NJ 07087

Greenville Office

1590 JFK Boulevard,
Corner of Seaview Avenue,
Jersey City, NJ 07305



EQUAL HOUSING
LENDER

EQUAL OPPORTUNITY
LENDER



Liberty Savings
Federal Credit Union
Cooperativa de Ahorro y Crédito

Membership Application

666 Newark Avenue, Jersey City, NJ 07306 Email:MEMBER-SERVICE@LSFCU.ORG Website: WWW.LSFCU.ORG Telephone: (201) 659-3900 Fax:(201)659-7627

For Credit Union Use Only

Last name		First	Middle
Account #	SSN/TIN		Eligibility Code

Membership eligibility* - How are you (hereafter "Primary Accountholder") eligible for LSFCU membership? Print clearly in black or blue ink (check one):

INFO REQUIRED WHEN JOINING
(by mail or at a branch)

Active Employee Retired employee of:
Company or organization name _____

Active Member of (Organization) _____
Address _____

Related to, **OR** Living in the household of a current LSFCU member:
Person's name: _____ Relationship: _____
Is this person a current LSFCU Member? Yes: Acct #: _____
 No: That person's SSN TIN _____
 If none of the above, do you Live Work Worship Attend school in
Hudson County, New Jersey

Provide copies of one of the following for each account holder
* Driver's license
* State DMV Issued photo ID
* U.S. Military ID Card*
* Passport*
* Requires additional proof of address
All account holders must sign the back of the application.

SSN/TIN's are required for all account holders.

Accounts Opening Now

Share savings (required for membership):
 (Age 18+) \$10 Membership Fee & \$25 min. balance or P/R or Direct deposit (Membership Fee waived for persons affiliated with an employer or organization partner).
 (Age 17 and under) no Membership Fee & \$ 5 min. bal.

Checking - \$50 min. opening balance or P/R or Direct Deposit
 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

ATM Card Check Card Tellerphone PIN LibertyLink PIN Direct Deposit Payroll Deduction

Primary Account Holder

Last name		First	Middle	SSN/TIN
Home Address			Apt/Unit #	Home Phone # ()
City		State	Zip	Mother's Maiden Name
Email address		Driver's license # & State		Date of Birth
Employer	Work address	Department		Work Telephone ()
Mailing Address (if different from home address)				Mobile telephone ()

Joint Account Holders (other than Primary): Provide copies of Driver's License or other identification with the Social Security #.

Joint Account Holder #1

Joint Account Holder #2

Last Name		Middle Name	Last Name		Middle Name
First		Date of birth	First		Date of birth
SSN/TIN		Mother's Maiden Name	SSN/TIN		Mother's Maiden Name
Driver's License # & State			Driver's License # & State		
Home Phone # ()		Work Phone # ()	Home Phone # ()		Work Phone # ()
E-Mail Address			E-Mail Address		
Home Address		Apt/Unit #	Home Address		Apt/Unit #
City		State	City		State
		Zip			Zip

PLEASE COMPLETE OTHER SIDE →