



<b>Member/Owner:</b>		<b>Member Number:</b>	
Address:			DOB:
City:		SSN/TIN:	DL#
State:	Zip:	Phone:	Cell:
Length at this address:		Employer:	Work Phone:
Address if less than a year (City/St):			
Email:		Best Time and # for contact:	
Password:		Membership Eligibility:	

<b>Joint Owner:</b>			DOB:
Address:		SSN/TIN:	DL #:
City State:	Zip:	Phone:	Email:
<b>Joint Owner:</b>			DOB:
Address:		SSN/TIN:	DL #:
City State:	Zip:	Phone:	Email:

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/ Trust Account	
<b>Beneficiary:</b>	Relationship:
Address:	SSN:
<b>Beneficiary:</b>	Relationship:
Address:	SSN:
UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)	
SSN/TIN:	

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under the penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, 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 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; 3) I am a U.S. person (including a U.S. resident alien).

I am subject	Exempt	I am not a US citizen (Complete W-8 form)
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By signing below, you agree to the terms and conditions of the Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer agreement. In considering this application and/or any request for financial services, you authorize the Credit Union to check our credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with you. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I (we) further understand that additional personal identification in the form of a Drivers License or State Issued ID is required for customers over 16 years of age.

I (we) understand that 1st Gateway Credit Union reserves the right to deny the application at the Credit Union's discretion.

I (we) understand in accordance with The USA Patriot Act to help prevent fraud, identity theft, and the spread of terrorism that 1st Gateway Credit Union may require more information from an individual or legal entity to help establish identity.

<b>X</b>		<b>X</b>	
Signature	Date	Signature	Date
<b>X</b>		<b>X</b>	
Signature	Date	Signature	Date

**FOR CREDIT UNION USE ONLY**

Date:	Opened by:	Beacon:	ID Used:
VB:	Estatements:	Debit:	Opt In/Out:
S/D:	ID Theft:	Ofac run date:	