

Last Name: _____ First Name: _____ Account Number: _____ SSN: _____



Application for Membership in RTN Federal Credit Union

600 Main Street | Waltham, MA 02452 | 800-338-0221 | rtn.org

PLEASE BE SURE TO: 1.) Have all account owners sign this application 2.) Include a copy of your government-issued photo ID at the time you open your account.

Primary Member Information: Single Account

Joint Member Information: Joint Account

Print Name		
Social Security Number	Date of Birth	
Driver's License Number	Place of Birth	
Street		
City	State	ZIP
Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Home E-Mail	Work E-Mail	
Employer	Occupation	
Account Security PIN	Mother's Maiden Name	

Print Name		
Social Security Number	Date of Birth	
Driver's License Number	Place of Birth	
Street		
City	State	ZIP
Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Home E-Mail	Work E-Mail	
Employer	Occupation	
Account Security PIN	Mother's Maiden Name	

What prompted you to open your account? _____

Account Selections: <input checked="" type="checkbox"/> Main Share Saving (Required) <input type="checkbox"/> Basic Checking with <input type="checkbox"/> Performance Package (requires direct deposit) <input type="checkbox"/> Dividend Checking with <input type="checkbox"/> Performance Package (requires direct deposit) <input type="checkbox"/> Stars & Stripes Checking with <input type="checkbox"/> Performance Package (requires direct deposit)	Club account: <input type="checkbox"/> Vacation <input type="checkbox"/> Holiday
Optional Services: <input type="checkbox"/> VISA Debit Card or <input type="checkbox"/> ATM Card for <input type="checkbox"/> Primary Member <input type="checkbox"/> Joint Member	

Certification as to Tax Payer Identification and Backup Withholding

By signing this membership application, I certify, under the penalties of perjury, that (1) I am a U.S. Person (including a U.S. resident alien), (2) that the social security number (SSN)/taxpayer identification number (TIN) shown is my/the correct identification number and (3) that I am NOT unless designated below, subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service has notified me that I am no longer subject to withholding. The IRS does not require your consent to any provision of the membership application other than the certifications required to avoid backup withholding.

- I am a U.S. person (including a US Resident Alien)
 I am NOT a United States citizen or U.S. Person

To be completed if opening a Totten Trust Account

_____ Trustee(s), hold this account in trust to control and dispose of as I/we see fit during my/our lifetime but on my/our death to pay to the beneficiary the full amount then standing to the credit of this account.
 (Name, address and Social Security Number)

To be completed if opening a Massachusetts Uniform Transfers to Minors Act (UTMA) Account only

(Names) _____ as custodian for _____ under the Massachusetts Uniform Transfers to Minors Act.

Signatures — All persons Applying for Membership Must Sign Below
 Primary Member Signature _____ Date: _____

Joint Member Signature _____ Date: _____

— For Credit Union Use Only —

Membership Eligibility _____ Date: _____
 Opened by (Teller Initials & No.) _____ Branch: _____
 Application received: In person via US Postal Service
 Photo ID: State License Gov't.-Issued ID Military ID
 Other: _____
 Initial Disclosures and ID Card Provided: Yes No