

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 Password (Not Debit card 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 Password	Mother's Maiden Name	

What prompted you to open your account? \_\_\_\_\_

<b>Account Selections:</b> <input checked="" type="checkbox"/> Main Share Saving ( <b>Required</b> ) <input type="checkbox"/> Basic Checking            with <input type="checkbox"/> Performance Package <input type="checkbox"/> Dividend Checking       with <input type="checkbox"/> Performance Package <input type="checkbox"/> Stars & Stripes Checking with <input type="checkbox"/> Performance Package <input type="checkbox"/> eChecking Plus <input type="checkbox"/> Class Act Checking	<b>Club account:</b> <input type="checkbox"/> Money Market <input type="checkbox"/> Vacation <input type="checkbox"/> Holiday
<b>Optional Services:</b> <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: \_\_\_\_\_

<b>— For Credit Union Use Only —</b> Membership Eligibility _____ Date: _____ Opened by (Teller Initials & No.) _____ Branch: _____  Application received: <input type="checkbox"/> In person <input type="checkbox"/> via US Postal Service Photo ID: <input type="checkbox"/> State License <input type="checkbox"/> Gov't.-Issued ID <input type="checkbox"/> Military ID  <input type="checkbox"/> Other: _____ Initial Disclosures and ID Card Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No  16-May-16
---