

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? _____

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) <input type="checkbox"/> eChecking Plus <input type="checkbox"/> Student Package	Club account:	<input type="checkbox"/> Money Market <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