



Application for Membership in RTN Federal Credit Union

600 Main Street ♦ Waltham, MA 02452 ♦ 781-736-9900 ♦ rtn.org

Please print when completing this application.

PLEASE BE SURE TO: 1.) All account owners must sign this application 2.) Include a copy of a valid government-issued photo ID.

Ownership Type: Single Account Joint Account with Rights of Survivorship
 Trust Representative Payee Uniform Transfers to Minors Act (UTMA)

Print Name _____ Social Security Number _____	Print Name _____ Social Security Number _____
Date of Birth _____ Place of Birth _____	Date of Birth _____ Place of Birth _____
Driver's License Number / State _____	Driver's License Number / State _____
Street _____	Street _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Home E-Mail _____ Work E-Mail _____	Home E-Mail _____ Work E-Mail _____
Employer _____ Occupation _____	Employer _____ Occupation _____
Account Password (Not Debit card PIN) _____ Mother's Maiden Name _____	Account Password (Not Debit card 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 <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	Club account: <input type="checkbox"/> Vacation <input type="checkbox"/> Holiday <input type="checkbox"/> Back to School <input type="checkbox"/> Money Market
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 U.S. Resident Alien)

I am NOT a United States citizen or U.S. Person (IRS Form W-8BEN required)

Totten Trust Account Only

_____ 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/beneficiaries the full amount then standing to the credit of this account. (Provide Name, Address, Date of Birth and Social Security Number)

Beneficiary _____

Beneficiary _____

Beneficiary _____

Massachusetts Uniform Transfers to Minors Act (UTMA) Account only

(Name) _____ 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 U.S. Postal Service
 Photo ID: State License Gov't.-Issued ID Military ID
 Other: _____
 Initial Disclosures and ID Card Provided: Yes No