Sunmark CREDIT UNION
1187 Troy Schenectady Road
Latham, NY 12110
518-382-0605
866-SUNMARK

MEMBERSHIP APPLICATION

☐ New Account ☐ Account Change:_____

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean the Sunmark Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Kasasa, Kasasa Saver, Kasasa Cash, Kasasa Cash Back and Kasasa Protect are trademarks of Kasasa, Ltd., registered in the U.S.A.
Words or phrases preceded by a ☐ are applicable only if the ☐ is marked, e.g., ☒. "n/a" means not applicable.

Account Type

Member Number:

Savings: ☐ Kasasa Saver® ☐ Savings Plan ☐ Secondary Savings ☐ Youth Savings Plan ☐ Silver Savings Plan ☐ Holiday Savings ☐ Special Event Savings ☐ Health Savings Account ☐ IRA Share Savings ☐ Money Market ☐ Share Certificates ☐ IRA Share Certificates

Checking: ☐ Kasasa Cash® ☐ Kasasa Cash Back® ☐ Simple Checking ☐ Signature Checking ☐ Student Checking

Account Services

Free Services: ☐ Debit Card ☐ eStatements

Other Services: ☐ Kasasa Protect® ☐ Overdraft Privilege Extended Coverage ☐ Transfer Target Source

Ownership

☐ **Individual Account**

Primary Applicant Information

Name		Birth Date	SSN/TIN
Primary Phone No.	Cell Phone No.	Email Address	
Physical Address (Street, City, State, Zip)			
Employer	No. of Years / Occupation		Work Telephone No.
Identification Type: ☐ Driver's License ☐ Military ID ☐ State Issued ID Card ☐ Passport ☐ Other _____			
Identification Number	Country/State of Issue	Expiration Date	Mother's Maiden Name

Associate Applicant Information

☐ Joint Account with Survivorship ☐ Authorized Signer ☐ Custodian ☐ Guardian ☐ Power of Attorney ☐ Representative Payee ☐ Administrator ☐ Executor ☐ Trustee ☐ Other:_____

Name		Birth Date	SSN/TIN
Primary Phone No.	Cell Phone No.	Email Address	
Physical Address (Street, City, State, Zip)			
Employer	No. of Years / Occupation		Work Telephone No.
Identification Type: ☐ Driver's License ☐ Military ID ☐ State Issued ID Card ☐ Passport ☐ Other _____			
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Account Designation

☐ **Payable on Death (P.O.D) Account***

Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts with the exception of IRAs.

Beneficiary #1 - Name and Address	Relationship	Date of Birth	Social Security No.

Beneficiary #2 - Name and Address	Relationship	Date of Birth	Social Security No.

High Deductible Health Plan (HDHP) / Medical Plan Information – HSA only

**Your IRA/HSA/ESA beneficiary(ies) will require a separate designation form*

Medical Insurance Company or Carrier		
Medical Insurance Plan or Group #	HDHP Member Identification # (this must be on your ID card)	HDHP Effective Date
Who is covered? (Check one): ☐ Individual ☐ Family (Individual + Dependent(s))	Are you enrolling in an HSA through your employer? (Check one): ☐ Yes ☐ No If yes, provide your employer's name:	

Important IRS Information - TIN Certification

Under penalties of perjury, I certify that: **1.) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2.) Unless designated below, I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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.) Unless designated below, I am a U.S. citizen or other U.S. person; and 4.) The FATCA code(s) entered below (if any) indicating that I am exempt from FATCA reporting is correct.**

Certification instructions. If you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return then you must check the box "I am subject to backup withholding" below. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

☐ I am subject to backup withholding ☐ I am exempt ☐ I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Signatures

You hereby apply for membership with the Credit Union. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. By signing below, you agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. You also authorize the Credit Union to periodically request and use reports from outside consumer reporting agencies and to answer questions about the Credit Union's experience with you.

In addition to establishing a regular share Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition of joint owner(s) or beneficiaries of your Account(s). Your signature below is your continuing authorization for the Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s). To help the government fight the funding of Terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying information. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

Would you like the Credit Union to review your credit report related to this Application to determine whether they might be able to offer you other credit products, products with more favorable interest rates, lower payments or other more advantageous terms than credit products you currently have. ☐ **Yes** ☐ **No**

Primary Applicant Signature	Date	Associate Applicant Signature	Date
X		***X***	
Associate Applicant Signature	Date	Associate Applicant Signature	Date
X		***X***	

Credit Union Use Only

Date: _____ Opened / Approved By: _____ Membership: ☐ Approved ☐ Denied (Adverse Action ☐ Yes ☐ No)

Primary Member Eligibility: _____ Associate Member Eligibility: _____ Associate Member Eligibility: _____

Comments: