

MEMBER INFORMATION			
Member/Owner Name		Member No.	
Street			
City/State/Zip		SSN/TIN	DOB
Home Phone	Cell Phone	Type of ID	Expiration Date
Work Phone		ID No.	State of Issue
E-mail		Occupation	

MEMBERSHIP ELIGIBILITY	
<input type="checkbox"/> Employer (please note):	
<input type="checkbox"/> American Consumer Council Member: I certify that I am an employee or member of the American Consumer Council, Connecticut Chapter and qualify for membership in accordance with its chapter and bylaws in effect on June 5, 2014.	
<input type="checkbox"/> Underserved Community Member: I certify that I (circle one): live, work or regularly conduct business as part of my work, worship, attend school in, or am a business or other legal entity located in one of the following census tracts within New London County, Connecticut (6901, 6902, 6903, 6904, 6905, 6907, 6908, 7022.01, 7022.02, 7023, 7025, or 7027).	
<input type="checkbox"/> New London County Historical Society: I certify that I am a voting member of the New London County Historical Society in New London, Connecticut, and qualify for membership in accordance with its charter and bylaws in effect on July 14, 2009.	

ACCOUNT TYPE			
Please refer to your membership agreement for terms of the accounts selected below.			
<input type="checkbox"/> Share/Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Visa®	<input type="checkbox"/> Other
<input type="checkbox"/> Share Draft/Checking	<input type="checkbox"/> Trust	<input type="checkbox"/> Christmas Club	
<input type="checkbox"/> Share Certificate	<input type="checkbox"/> Personal Agency	<input type="checkbox"/> Special Shares	

SERVICES FOR ACCOUNT	
<input type="checkbox"/> Overdraft Protection (indicate transfer priority):	<input type="checkbox"/> Visa® Debit Card
<input type="checkbox"/> Home Banking	<input type="checkbox"/> eStatements

ACCOUNT OWNERSHIP		
Designate the ownership of the accounts and responsibility for the services requested.		
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Account with Survivorship	<input type="checkbox"/> Joint Account without Survivorship

JOINT OWNER INFORMATION			
Joint Owner		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	
Joint Owner		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	
Joint Owner		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	

<input type="checkbox"/> PAYABLE ON DEATH (POD)			
<input type="checkbox"/> ALL ACCOUNTS <input type="checkbox"/> DESIGNATE SPECIFIC ACCOUNTS:			
Beneficiary/POD Payee	DOB	Beneficiary/POD Payee	DOB
Street		Street	
City/State/ZIP		City/State/ZIP	
Beneficiary/POD Payee	DOB	Beneficiary/POD Payee	DOB
Street		Street	
City/State/ZIP		City/State/ZIP	
<input type="checkbox"/> UNIFORM TRUST/GIFT TO MINORS ACCOUNT			
As custodian for (minor name)		Minor's SSN	
(under the Uniform Transfers/Gifts to Minors Act)			

USA PATRIOT ACT
In accordance with the USA PATRIOT ACT, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. This includes all personal and commercial accounts including loan and deposit accounts, as well as trust, brokerage, insurance, and investment management accounts.
What This Means To Our Members
When you open an account, you will be asked for your name, address, social security or tax identification number, date of birth (if applicable) and other information that will allow Scient Federal Credit Union to identify you. You will also be asked to furnish your driver's license or other identifying documents. We are required to follow this procedure each time an account is opened.

AUTHORIZATION	
By signing below, you agree to conform to the by-laws or any amendments of the Credit Union. You further agree that your accounts will be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If you received a Debit card or EFT service, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You understand the credit union will request information from you to verify your identity in accordance with the USA Patriot Act. The Credit Union may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report. The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding. I/We authorize Scient FCU ("Us") to verify my/our previous payment history and to obtain credit report(s) for this application and any updates, renewals or extensions. If I/we request, the credit union will tell me/us the name and address of any agency from which it received a credit report. By signing below, you are providing consent for us to provide required documents to you electronically. This consent for electronic delivery covers all documents that we are required to give you for your membership with us and is effective until withdrawn by you. Accordingly, you should print or otherwise retain a copy for your records of this disclosure and all other disclosures you receive electronically.	
<input type="checkbox"/> I certify that I am within the field of membership of Scient Federal Credit Union.	
X _____	X _____
Signature Date	Signature Date
X _____	X _____
Signature Date	Signature Date

CERTIFICATION		
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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. 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. I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>Certification instructions. You must cross out item 2 above 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. 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. Instructions for completing this section will be provided to you upon request.</p> <p>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; vertical-align: bottom;">Signature of U.S. person _____</td> <td style="width: 40%; vertical-align: bottom;">Date _____</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-top: 10px;"> Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ </div>	Signature of U.S. person _____	Date _____
Signature of U.S. person _____	Date _____	