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# ACCOUNT ADDITIONS & CHANGES

ACCT #
<input type="checkbox"/> Edit Member Info. <input type="checkbox"/> Add Service <input type="checkbox"/> Add Joint Owners <input type="checkbox"/> Adjust Beneficiaries

## 1 Member Information

NAME: First	Mi	Last	Suffix	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Social Security Number (TIN)		Date of Birth (MM/DD/YY)		Mothers Maiden Name
Home Address (PHYSICAL ADDRESS)				
Mailing Address (IF DIFFERENT FROM ABOVE)				
Drivers License or Official ID				
ID Number	State	Issue Date (MM/DD/YY)	Expiration (MM/DD/YY)	
Home Phone	Work Phone	Cell Phone		
Email Address				

## 2 Joint Membership Information *(Ignore For Individual Accounts)*

CHOOSE JOINT ACCOUNT TYPE:

Joint with Survivorship  
*Joint Member share 100% ownership of account*

POD—In Trust For  
*"Payable-on-Death" account beneficiary*

Custodial (UTMA)  
*Statutory Trust, release when minor joint turns 21*

NAME: First	Mi	Last	Suffix	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Social Security Number (TIN)		Date of Birth (MM/DD/YY)		Mothers Maiden Name
Mailing Address		City	State	Zip
Drivers License or Official ID				
ID Number	State	Issue Date (MM/DD/YY)	Expiration (MM/DD/YY)	
Home Phone	Work Phone	Cell Phone		
Email Address				

## 3 Account Services *(Select desired services. Opt-Out option available for some recommended services.)*

<input checked="" type="checkbox"/> Savings Account (Regular Shares)	<input type="checkbox"/> Nest-Egg Savings	<input type="checkbox"/> Certificate of Deposit Term _____ Rate _____
<input type="checkbox"/> Holiday Club Savings	<input type="checkbox"/> Vacation Club Savings	<input type="checkbox"/> Premium Money Market Initial Deposit _____
<input type="checkbox"/> Checking Account (Share-Draft) _____	<input type="checkbox"/> Starter Checks: Select what to include	
<input type="checkbox"/> ATM Debit Cards: Individual Cards Issued	<input type="checkbox"/> Primary Member <input type="checkbox"/> Joint Member	<input checked="" type="checkbox"/> Primary Name <input type="checkbox"/> Mailing Address <input type="checkbox"/> Joint Name <input type="checkbox"/> Home Address
<input checked="" type="checkbox"/> Online Banking Access <input type="checkbox"/> Opt Out	<input checked="" type="checkbox"/> Electronic Contact <input type="checkbox"/> Opt Out	<input type="checkbox"/> E-Statement Enrollment

#### 4 Beneficiaries *(Used for POD(s) designated on individual or joint with survivorship account)*

NAME		NAME		NAME	
Social Security Number (ITIN)	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number (ITIN)	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number (ITIN)	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (MM/DD/YY)		Date of Birth (MM/DD/YY)		Date of Birth (MM/DD/YY)	
Address		Address		Address	
City	State	Zip	City	State	Zip
Phone		Phone		Phone	
Relationship to Primary		Relationship to Primary		Relationship to Primary	
Percentage of Ownership		Percentage of Ownership		Percentage of Ownership	

#### 5 Terms and Disclosures

My signature below certifies that I have received and read the full Membership Terms and Disclosures for Metro Realtors Federal Credit Union, agree with their contents, and am aware that they are subject to change. My Signature also signifies my agreeance with all member-completed content on this form. If this form was completed as an update to a previous application, the most recent form will take precedent if any member-completed content is conflicting with previously submitted content.

**TAX CERITFCATION:** Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

#### 6 Signatures

Print Name

Primary Signature Date

Print Name

Other Date

Print Name

Joint Signature Date

Print Name

Other Date