

Member # _____ Primary Acct # _____
Date _____ Branch _____

MEMBERSHIP APPLICATION

Broadview USE ONLY	ID Number	Issued	Expires	Member Group Code	Member Eligibility	SSN State	Operator	Qualifile Results
	_____	_____	_____	_____	_____	_____	_____	_____

1. Owner Name	2. Lock Word	
_____	_____	
3. Mailing Address	4. Email Address	
_____	_____	
5. Date of Birth	6. Social Security Number	7. Home Phone Number
_____	_____	_____
8. Cell Phone Number	9. Occupation/Job Title	10. Employer
_____	_____	_____
11. Employment Status	12. Employment Duration	13. Gross Income
_____	_____	_____
14. ID State	15. Occupancy Status	16. Occupation Duration
_____	_____	_____

17. I/We authorize Broadview to establish or add the following accounts/services:

Account Type(s): <input type="checkbox"/> Primary Savings <input type="checkbox"/> High Yield Savings <input type="checkbox"/> Choice Savings <input type="checkbox"/> Free Checking <input type="checkbox"/> Share Certificate <input type="checkbox"/> Other _____	<input type="checkbox"/> Youth Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Holiday Club <input type="checkbox"/> Young Adult Checking <input type="checkbox"/> IRA Certificate <input type="checkbox"/> Other _____	<input type="checkbox"/> International Primary Savings <input type="checkbox"/> IRA Savings <input type="checkbox"/> Secured Funds Savings <input type="checkbox"/> International Checking
Account Services: <input type="checkbox"/> Debit Card	<input type="checkbox"/> Online Banking	<input type="checkbox"/> Bank by Phone (DIAL)

I/We hereby make application for membership in Broadview and agree to conform to the laws and amendments thereof and subscribe for at least one share.

The accounts listed, except for share certificates, are variable rate accounts and, as such, the credit union reserves the right to change the rate at any time and at its sole discretion. Share certificates are fixed rate accounts.

Broadview USE ONLY	ID Number	Issued	Expires	Member Group Code	SSN State	Year
	_____	_____	_____	_____	_____	_____

18. Joint Owner Name	19. Lock Word	
_____	_____	
20. Mailing Address	21. Email Address	
_____	_____	
22. Date of Birth	23. Social Security Number	24. Home Phone Number
_____	_____	_____
25. Cell Phone Number	26. Occupation/Job Title	27. Employer
_____	_____	_____
28. Employment Status	29. Employment Duration	30. Gross Income
_____	_____	_____
31. ID State	32. Occupancy Status	33. Occupation Duration
_____	_____	_____

Broadview USE ONLY	ID Number	Issued	Expires	Member Group Code	SSN State	Year
	_____	_____	_____	_____	_____	_____

34. Joint Owner Name	35. Lock Word	
_____	_____	
36. Mailing Address	37. Email Address	
_____	_____	
38. Date of Birth	39. Social Security Number	40. Home Phone Number
_____	_____	_____
41. Cell Phone Number	42. Occupation/Job Title	43. Employer
_____	_____	_____
44. Employment Status	45. Employment Duration	46. Gross Income
_____	_____	_____
47. ID State	48. Occupancy Status	49. Occupation Duration
_____	_____	_____

50. I/We hereby designate the following beneficiary(ies):

Name _____	Date of Birth _____	Social Security Number _____
Address _____		
Name _____	Date of Birth _____	Social Security Number _____
Address _____		
Name _____	Date of Birth _____	Social Security Number _____
Address _____		
Name _____	Date of Birth _____	Social Security Number _____
Address _____		

Broadview is hereby authorized to recognize any of the signatures subscribe hereto in the payment of funds or the transaction of any business for this account. All sums paid in on shares in joint accounts are owned jointly, with the right of survivorship, and are subject to the withdrawal by, or receipt of, either party. Payment to either joint owner or a survivor shall be presumed valid and releases Broadview from any liability for such payment, absent gross negligence by Broadview. By signing you agree to be bound by the terms and conditions for this account as outlined in the Member Benefits Guide. Your signature also authorizes Broadview to obtain a consumer credit report in connection with this process; and at your request, the Credit Union will supply the name and address of any credit bureau from which it will receive, or has received, a consumer report on you. Completion of this membership application is not to be considered as an application for credit.

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify that: (1) the number shown on the form is my correct taxpayer identification number. 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, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. Person.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

51. Owner Signature

52. Joint Owner Signature

53. Joint Owner Signature

54. Membership Officer

X

X

X

X

*If applying by mail, this form must be witnessed by a Notary Public and forwarded, along with a valid driver's license, to Broadview, 700 Patroon Creek Blvd. Albany, NY 12206.

State of New York
County of _____ ss:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence, to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of the which the individual(s) acted, executed the instrument.

Notary Public

State of New York
County of _____ ss:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence, to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of the which the individual(s) acted, executed the instrument.

Notary Public

State of New York
County of _____ ss:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence, to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of the which the individual(s) acted, executed the instrument.

Notary Public

Federally insured by NCUA