

Account No.

Suffix

**ROCKLAND FEDERAL CREDIT UNION**

By signing below, member and any joint owner(s) agree to be bound by the rules and regulations governing accounts at the Credit Union. The Credit Union may verify credit and employment histories by any necessary means including preparation of a credit reporting agency or any other agency.

Date Opened

NCPS No.

ID No.

**ATTENTION:****Backup Withholding Certification on the reverse side of this card**

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

SIGNATURE (PRIMARY OWNER)

SIGNATURE (JOINT OWNER)

SIGNATURE (JOINT OWNER)

1

2

3

SOCIAL SECURITY NO. (OR EMPLOYER TAX NO.)

SOCIAL SECURITY NO. (OR EMPLOYER TAX NO.)

SOCIAL SECURITY NO. (OR EMPLOYER TAX NO.)

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

TOWN

STATE

ZIP

TOWN

STATE

ZIP

TOWN

STATE

ZIP

PHONE

DATE OF BIRTH

PHONE

DATE OF BIRTH

PHONE

DATE OF BIRTH

H

H

H

B

B

B

*Security Questions**Security Questions**Security Questions*

MOTHER'S MAIDEN NAME

FIRST SCHOOL ATTENDED

MOTHER'S MAIDEN NAME

FIRST SCHOOL ATTENDED

MOTHER'S MAIDEN NAME

FIRST SCHOOL ATTENDED

**VOLUNTARY TRUST ACCOUNT**

I \_\_\_\_\_ declare that I hold the shares and/or deposits standing in my name in the account of the Rockland Federal Credit Union bearing the number on the reverse side hereof, together with any dividends and/or interest accruing thereon, in trust for the benefit of \_\_\_\_\_ of \_\_\_\_\_

with complete right in myself as trustee to transfer, pledge, assign, borrow upon and withdraw at any time any and all of said shares and/or deposits, additions and accruals for any purpose whatsoever. The Credit Union shall not be responsible for the application of any amounts transferred, pledged, assigned, borrowed or withdrawn. Upon my death, prior to the death of the beneficiary, said beneficiary or his legal representative may withdraw all of the remaining shares and/or deposits, additions and accruals. Upon the death of the beneficiary prior to my death, this trust shall terminate, and all of the remaining share and/or deposits, additions and accruals shall be vested absolutely in me, discharged of all trust I certify that there is no written instrument, undertaking, understanding nor court proceedings or order relating to this trust or the funds involved.

TRUSTEE SIGNATURE

\_\_\_\_\_

TRUSTEE SIGNATURE

\_\_\_\_\_

**TAX CERTIFICATION:**  
Under penalties of perjury, **and by signing on the reverse of this card**, I certify that: (1) The number shown on this 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 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. person (including a U.S. resident alien). If I am subject to backup withholding, I will strike out clause (2) above.