

Housatonic Teachers Federal Credit Union

Membership Application

Account Number	Name	Social Security Number
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Check one: Individual Share Account Joint Share Account with Rights of Survivorship

Primary Share Account Applicant

RESIDENCE ADDRESS		HOME PHONE
CITY	STATE	ZIP CODE
PLACE OF EMPLOYMENT		DATE OF BIRTH
OCCUPATION	SCHOOL	CELL PHONE
EMAIL ADDRESS	DRIVER'S LICENSE NUMBER	EXPIRATION DATE

	DATE
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Under the penalties of perjury, I certify (1) that the number shown on this form is my correct identification number and (2) that I am not subject to backup with holding wither because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest of dividends, or the Internal Revenue Service has notified me that I am not longer subject to backup withholding.

(INSTRUCTION TO SIGNER: If you have been notified by the IRS that you are subject to backup withholding due to payee underreporting and have not been notified by the IRS that the backup withholding is terminated, you should strike out the language in clause 2 above.)

Joint Share Account Applicant

NAME		SOCIAL SECURITY NUMBER
RESIDENCE ADDRESS		HOME PHONE
CITY	STATE	ZIP CODE
PLACE OF EMPLOYMENT		DATE OF BIRTH
OCCUPATION	SCHOOL	CELL PHONE
EMAIL ADDRESS	DRIVER'S LICENSE NUMBER	EXPIRATION DATE

	Date
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If this is to be a Custodial Account under the Connecticut Uniform gifts to Minors Act: I am opening this account as custodian for _____ (Whose birthdate is _____) on the Connecticut Uniform Gifts to Minors Act.

Signature of Custodian _____

Printed name of Custodian _____