



74-18 37th Road, Jackson Heights, NY 11372; T 718-806-1419 | 718-806-1519;
 www.everestfcu.org; email: info@everestfcu.org | everestfcu@gmail.com;

Member Data:

Date:

Personal or Business Account		SSN/ITIN/EIN
Member Name		
Street Address #1		
Street Address #2		
City	State	Zip Code
Alternate Address	Request a Printed Statement (Y/N)	Create an E-statement:
Pick One: Single Account DBA/Sole Proprietor	Joint Account Business Account	Trust Account Estate Account Other Account _____
Uniform Transfer to Minor		
Additional Account Information		
Date of Birth	Join Date	Gender
Home Phone	Cell Phone	Work Phone
Email:		
Password for account:	Driver License Number	OFAC Verified
Credit Union Affiliation (Pick One): CU Employee Relative Member's Household of	None CU Management Board Member Relative Supervisory Committee	CU Employee Board Member Committee Relative Board Committee
Employer	Hire Date	Annual Income
Additional Information:		

Requirements:

- 1) Copy of valid government ID. | 2) Proof of address. | 3) SSN / ITIN / EIN.

Eligible to become Everest Federal Credit Union (EFCU) Member.

- 1) Are you NRN (origin of Nepali)? Yes NO || 2) Languages Spoken _____
 3) [] I am eligible to become a member of Everest Federal Credit Union.

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 (for individuals) and other information that will allow Everest Federal Credit Union to identify you. You will also be asked to furnish your driver's license or other identifying

FOR CREDIT UNION USE ONLY:		Member#:
Date of Membership	CU Membership Approved By:	Member ID Verified by: _____
_____	_____	[] OFAC [] Credit Report

Please read and sign on back side of this form!



74-18 37th Road, Jackson Heights, NY 11372; T 718-806-1419 | 718-806-1519; www.everestfcu.org; email: info@everestfcu.org | everestfcu@gmail.com;

FOR JOINT OWNERSHIP ACCOUNT ONLY

Form with fields: Relationship, SSN/ITIN/EIN, Member Name, Street Address #1, Street Address #2, City, State, Zip Code, Additional Account Information, Date of Birth, Join Date, Gender, Home Phone, Cell Phone, Work Phone, Email, Password, Driver License Number, OFAC Verified, Credit Union Affiliation (Pick One), Employer, Hire Date, Annual Income, Additional Information.

By signing this agreement, the applicant (s) certify eligibility for membership in Everest Federal Credit Union, all information is complete and accurate, and submitted for the purpose of opening an account at Everest Federal Credit Union. I (we) also certify that:

- 1. The Social Security Number or Taxpayer Identification Number provided in this application is my/our correct Social Security Number or Taxpayer Identification Number (or I (we) am/are waiting for a number to be issued to me/us).
2. I (we) am/are not subject to backup withholding because: a) I (we) am/are exempt from backup withholding, or b) I (we) have not been notified by the Internal Revenue Service that I (we) am/are subject to backup withholding as a result of a failure to report all interest or dividends, or c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
3. I (we) am/are a U.S. person or a U.S. resident alien.*

*If you are not a U.S. Citizen or other U.S. Person including a U.S. Resident Alien, check here [] to designate your denial of Form W-9 Certification and to request IRS form W-8BEN, which must be completed with unexpired ITIN and returned to Everest Federal Credit Union.

I (we) agree to terms to maintain at least one share (\$25.00). I (we) also confirm that I (we) have received a copy of the Membership Agreement, and I (we) agree to act in accordance with the credit union's Bylaws and Policies.

Primary Member Signature Date

Joint Member Signature Date

Primary Member Signature Date

Joint Member Signature Date

Introductory "Minimum Balance" Account

[] I want to open Minimum Balance Share account. This account must be funded within a year or upon demand by EFCU. The minimum balance requires \$1,000 to \$3,500 through-out terms. This account is available only in first come first serve basis. Please inquire within EFCU office for detail.

[Initial Here]