



Individual - Member Data Collection Sheet.

Date:

Personal Account	Single	Joint	Minor	SSN / ITIN
Member Name				
Street Address #1				
Street Address #2				
City		State	Zip Code	Request a Printed Statement?
				Create an E-statement?
Pick One:	Share (Saving)	Draft (Checking)	CD	Retirement
Other				
Additional Account Information				
Date of Birth		Join Date	Gender	
Home Phone		Cell Phone	Work Phone	
Email:				
Driver License/State ID#		OFAC Verified		
Credit Union Affiliation (Pick One):	None	CU Management	CU Employee	Board Member
Board Committee	CU Employee Relative	Board Member Relative	Supervisory Committee	
Committee Relative	Member's Household of _____			Member#: _____
Employer		Hire Date	Annual Income	
Additional Information:				

Requirements (please attach following documents):

- 1) Valid government ID copy
- 2) Proof of address.
- 3) SSN / ITIN

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

- 1) Are you NRN (origin of Nepal)?
- 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 documents. We are required to follow this procedure each time an account is opened.

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! (second page)



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www.everestfcu.org; email: info@everestfcu.org

FOR JOINT OWNERSHIP ACCOUNT ONLY (Joint Account? Yes No)

Relationship		SSN/ITIN	
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 for account:	Driver License #	OFAC Verified	
Credit Union Affiliation:	None	CU Management	CU Employee
		Board Member	Board Committee
	CU Employee Relative	Board Member Relative	Supervisory Committee
			Committee Relative
Member's Household of _____			
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:

- 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). _____
- 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. _____
- 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's Signature

Date

Joint Member's Signature

Date