



Unilever Federal Credit Union

MEMBERSHIP APPLICATION KIT

Instructions:

1. **Membership Application Form** - Fill in appropriate information including social security number, driver's license number, etc. Complete joint owner section if you are adding a joint owner or a beneficiary.
2. **A minimum \$5.00 initial deposit is required** to activate the account by check or money order. This deposit represents your "share" of ownership in Unilever FCU.
3. **A picture ID** is required for our files when opening an account: Driver license/Passport ID/Unilever Badge ID. (**If joint owner**, submit a copy of driver's license).
4. **A copy of recent Pay-Stub** to verify Unilever's employment.
5. **Sign form** (including joint owner signature).
6. If you wish to start other accounts (checking, debit card, holiday club, etc.) a separate application is required for each service. Check the appropriate box and we will mail you an application.
7. To start Direct Deposit go to the Unilever Portal and click on View my Paycheck to access the People Soft link

RETURN ALL COMPLETED FORMS TO:
Unilever FCU (mail code A-71)
800 Sylvan Avenue
Englewood Cliffs, NJ 07632
Attn: New Accounts

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

US PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS TO YOU

When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



Membership & Account Application

Primary Owner Information

Member/Owner		Member Account No.			
SSN/TIN		Driver's Lic. No.			
Current Address		City		State	Zip
Home Phone		Date of Birth		Mother's Maiden Name	
Date of Employment		E-mail			
Employer		Work Phone		Unilever Retiree /Location: Date:	
Address		City		State	Zip
If joining through family, please enter their name and relationship					

Joint Owner Information

Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint account with Survivorship					
Joint Owner/Custodian					
SSN/TIN		Driver's Lic. No.			
Street		City		State	Zip
Date of Birth		Mother's Maiden Name			
Home Phone		Work Phone		E-mail	

TIN Certification And Backup Withholding Information

Under penalties of perjury I certify that:

- (1) The number shown on this form is my correct taxpayer identification number
 - (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).
- 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.

AUTHORIZATION

I hereby make application for membership in the UNILEVER FEDERAL CREDIT UNION and agree to conform to its laws and amendments, thereof, and subscribe for at least one share (\$5.00) Your deposit represents your "share" of ownership in Unilever FCU. A photocopy of a valid ID (Driver License, Unilever Badge, etc) is required for all signers on the account.

Signature (Primary Owner Signature)

Date

(Joint Owner Signature)

Date

Account Type

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the Credit Union is notified in writing of a change.

Please check items applying for:

<input type="checkbox"/> Primary Savings Account	Suffix*	<input type="checkbox"/> Classic Checking Account	Suffix*
<input type="checkbox"/> Member Advantage Checking Account		<input type="checkbox"/> Holiday Club	
<input type="checkbox"/> Sub account		<input type="checkbox"/> Diners	

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed above. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

Account Services

Please check items of interest:

<input type="checkbox"/> Direct Deposit \$	<input type="checkbox"/> Mortgages
<input type="checkbox"/> CD'S/IRA'S	<input type="checkbox"/> VISA Debit Card No.
<input type="checkbox"/> Home Banking	<input type="checkbox"/> Access Plus Bill Pay

FOR INTERNAL USE ONLY

This application approved by the Membership Officer

Signed (Person representing approver of application)

Date