

Member #: _____

Date: ____/____/____

SECTION 1: PERSONAL INFORMATION: (to be completed by the applicant)

1. What is your connection to the community?
☐ Live ☐ Volunteer ☐ Work ☐ Study ☐ Financial Education Program ☐ Other _____
2. Applicant Name: _____
3. SSN/ITIN: _____ - _____ - _____
4. Date of birth: ____/____/____ (MM/DD/YYYY)
5. Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____
6. Telephone: _____ Cell: _____ Email: _____
7. Mailing address (if different): _____ Apt #: _____
 City: _____ State: _____ Zip: _____
8. Gender: ☐ Female ☐ Male
9. Driver's license/Passport #: _____

If this is a joint account, please complete questions 10-13. Otherwise, please go to question 14.

10. Co-Applicant's Name: _____
11. SSN/ITIN: _____ - _____ - _____
12. Date of Birth: ____/____/____ (MM/DD/YYYY)
13. Driver's license/Passport #: _____

14. Which **Account Services** would you like to receive:

a) Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Initials: _____
b) Electronic Statements (viewed via Online Banking)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Initials: _____
c) Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Initials: _____
i) Overdraft Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Initials: _____
ii) Check Order	<input type="checkbox"/> Yes <input type="checkbox"/> No Check Style: _____	Member Initials: _____
15. If referred by a current Credit Union member, please provide their name: _____

To Name a Beneficiary to receive the funds in this account upon the death of its last surviving owner, please provide the information below:

16. Beneficiary Name: _____
17. Telephone: _____
18. SSN/ITIN: _____ - _____ - _____
19. Date of birth: ____/____/____ (MM/DD/YYYY)

20. Second Beneficiary Name: _____
21. Telephone: _____
22. SSN/ITIN: _____ - _____ - _____
23. Date of birth: ____/____/____ (MM/DD/YYYY)

24. 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 (or I am waiting for a number to be issued), 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, and
- (3) I am a U.S. Citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

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 to your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

25. Application Certification

- a. By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

- b. I also **authorize the credit union to share account information** with its partner, **Neighborhood Trust Financial Partner**, if I've participated in any of their financial education program.

☐

Check here if you **do not authorize the credit union** to release your information to **Neighborhood Trust Financial Partners**.

- c. I understand this account will not be officially active until OFAC verification has been successfully completed. **Neighborhood Trust** will inform me of successful completion.

Signature: _____

Date: ____/____/____

Joint Signature: _____

Date: ____/____/____

FOR INTERNAL USE:

a) Checking Account ☐ Yes ☐ No Check Order confirmation #: _____

b) Financial Education Referral ☐ Yes ☐ No

☐ Getting Ahead Program ☐ Single Stop Program ☐ FEC-SafeStarts ☐ Employer Solution

c) Account Opened Remotely ☐ Yes ☐ No By: _____ Date: _____

d) Data entered in data processor: By: _____ Date: _____

Member #: _____

SECTION 2: MEMBER SURVEY

We appreciate you taking the time to answer the *optional* questions listed below. Please note that the information is used exclusively by NTFCU to better serve you and our community.

1. What is your connection to the community?
☐ Live ☐ Volunteer ☐ Work ☐ Study ☐ Financial Education Program ☐ Other _____
 2. Were you born in the United States? ☐ Yes ☐ No
 3. What is your ethnicity and/or country of origin? (check all that apply)
☐ Dominican Republic ☐ Ecuador ☐ Puerto Rico ☐ Columbia ☐ Mexico
☐ African-American ☐ Native American ☐ Pacific Islander ☐ Asian ☐ Caucasian
☐ Other Latin American Country: _____ ☐ Other: _____
 4. What is your approximate annual income?
☐ \$10,000 or less ☐ \$10,001 - \$20,000 ☐ \$20,001 - \$35,000
☐ \$35,001 - \$50,000 ☐ \$50,001 - \$65,000 ☐ \$65,001 or more
 5. Are you currently employed? ☐ Yes ☐ No
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6. Prior to coming to Neighborhood Trust Federal Credit Union, did you have a bank account?
☐ I have one now at another financial institution. ☐ I have never had a bank account.
☐ I have had one in the past. ☐ I had one in my home country.
 7. Which of the following services do you currently use on a regular basis?
☐ I cash checks at check cashing stores. ☐ I buy money orders.
☐ I pay bills at cash checking stores. ☐ I send remittances at a money transmitter.
 8. Where do you save?
☐ Savings Account ☐ Home ☐ Sociedad/SAN ☐ Other: _____
 9. Who do you borrow money from? (check all that apply)
☐ Bank ☐ Friend/Family ☐ Credit Union ☐ Credit Card/Line of Credit
☐ Never Borrowed ☐ Sociedad/SAN ☐ Loan Shark ☐ Other: _____
 10. For what have you borrowed? (check all that apply)
☐ Business ☐ Emergency ☐ Education ☐ Buy a House/Property
☐ Buy a Car ☐ Pay off a Debt ☐ Vacation ☐ Purchase household asset
☐ Other: _____
 11. Have you ever seen your credit report/credit history? ☐ Yes ☐ No
 12. How did you hear about Neighborhood Trust Federal Credit Union? (check all that apply)
☐ Check Cashing Program ☐ Walked by the Branch ☐ Employer ☐ Financial Educational Program
☐ Friend or Family Member ☐ Child in School Banking ☐ Ads/Flyers ☐ Other: _____

Member #: _____

SECTION 3: FINANCIAL WISH LIST

At Neighborhood Trust Federal Credit Union, we enable our members to become financially empowered through our free personal finance courses and counseling, as well as a range of accessible products and services. Please fill out this Financial Wish List in order to help give us guide you towards your financial goals.

- | | | |
|--|------------------------------|-----------------------------|
| ❖ I save or would like to save to buy a Home . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ I save or would like to start to start/expand a Small Business . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ I save or would like to save for Retirement . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ I save or would like to save for my or my child's Education . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ I save for would like to save for Emergencies . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ I save or would like to save for a Vacation or to Visit My Country . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ I would like to consolidate my Debt . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

12. What obstacles (if any) have kept you from reaching your financial goals?

- | | |
|--|---|
| <input type="checkbox"/> Not enough income | <input type="checkbox"/> No Credit History |
| <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Debt |
| <input type="checkbox"/> Lack of Knowledge of Financial Services | <input type="checkbox"/> Lack of Access to Financial services |
| <input type="checkbox"/> Other: _____ | |

ADDITIONAL INFORMATION

- | | | |
|--|------------------------------|-----------------------------|
| ❖ I would like to establish credit. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ I would like to learn more about my credit history and how to improve my credit score. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ I would like to learn more about how to manage my money. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ I would like to attend a Personal Finance Course. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |