



Complete form and return to:

84 Wadsworth Street  
Hartford, CT 06106  
860-522-5388  
www.CSECreditUnion.com

(Credit union use only)

Teller # \_\_\_\_\_ Member # \_\_\_\_\_

DL Verify \_\_\_\_\_

ID type/# \_\_\_\_\_

Update \_\_\_\_\_

# MEMBER APPLICATION/ACCOUNT CARD

## Membership Eligibility

- State employees must provide a recent State paystub or a valid CT State Employee ID.
- Retirees must provide state agency and retirement date.
- Immediate family members must provide member's name and relationship.

**Include an opening deposit of \$25 to establish your credit union membership. If applying in person, bring two forms of valid ID.**

## MEMBER INFORMATION

|                         |             |                                |
|-------------------------|-------------|--------------------------------|
| <b>Primary Owner:</b>   |             | SSN/TIN:                       |
| Street Address:         |             | Driver's Lic. #:<br>State/Exp: |
| City/State/Zip:         |             | Date of Birth:                 |
| Home Phone:             | Work Phone: | Cell Phone:                    |
| Membership Eligibility: |             | Personal E-mail:               |
| Work Name and Address:  |             | Occupation:                    |

## BENEFICIARY DESIGNATIONS

|       |                |               |
|-------|----------------|---------------|
| Name: | Date of Birth: | Full Address: |
| Name: | Date of Birth: | Full Address: |

## ACCOUNT OWNERSHIP/JOINT SHARE ACCOUNT AGREEMENT

|                     |             |                                |
|---------------------|-------------|--------------------------------|
| <b>Joint Owner:</b> |             | SSN/TIN:                       |
| Street Address:     |             | Driver's Lic. #:<br>State/Exp: |
| City/State/Zip:     |             | Date of Birth:                 |
| Home Phone:         | Cell Phone: | Occupation:                    |
| <b>Joint Owner:</b> |             | SSN/TIN:                       |
| Street Address:     |             | Driver's Lic. #:<br>State/Exp: |
| City/State/Zip:     |             | Date of Birth:                 |
| Home Phone:         | Cell Phone: | Occupation:                    |

The Connecticut State Employees Credit Union, Inc. is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The primary owner and the joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners with all accumulations thereon are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made. The Credit Union is authorized to verify information and credit history with consumer reporting agencies. Furthermore, only the Primary Owner may close the share account.

X    
Joint Owner Signature Date

X    
Joint Owner Signature Date

## ACKNOWLEDGMENT

I hereby make application for membership in the Connecticut State Employees Credit Union, Inc. and agree to conform to its laws and amendments thereof and subscribe for at least one share. I certify that all information contained in this Application is true and accurate. I agree to abide by the terms outlined in the disclosures for membership, including but not limited to the Joint Share Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure. I also certify, under penalties of perjury, that the social security number entered above is correct and that I am not subject to backup withholding under provisions of sections 3406(a)(1)(c) of the Internal Revenue Code.

X    
Primary Owner Signature Date

This application approved by the Board, Executive Committee or Membership Officer

Signed \_\_\_\_\_ Date \_\_\_\_\_ MIP: OFAC \_\_\_\_\_ ID Verify \_\_\_\_\_ Date \_\_\_\_\_  
Secretary, Executive Committee Member or Membership Officer