



**Ballston Spa**  
 Phone: 518-884-7002  
 Fax: 518-884-7094

**Cambridge**  
 Phone: 518-667-2676  
 Fax: 518-677-2677

**Clifton Park**  
 Phone: 518-383-0106  
 Fax: 518-383-0107

**Queensbury**  
 Phone: 518-793-1958  
 Fax: 518-793-2177

WWW.TCTFCU.ORG

# YOUTH SAVINGS ACCOUNT REQUEST

**Important Information About Opening a New Account.** To help our 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 when opening a new account. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

## YOUTH INFORMATION

<b>Member/Owner Name:</b>		<b>Member No.</b>
Date of birth:	SSN:	Home Phone:
Current address:		Mother's Maiden Name:
City:	State:	ZIP Code:
ID Type:	ID Number:	Eligibility:

## JOINT OWNER INFORMATION

<b>Joint Owner Name:</b>		SSN:
Date of birth:	Relationship: Parent: <input type="checkbox"/> Guardian: <input type="checkbox"/> * Other: <input type="checkbox"/>	
Current address:		Mother's Maiden Name:
City:	State:	ZIP Code:
Home Phone:	E-mail:	Work Phone:
ID Type:	ID Number:	Cell Phone:
Employer:	Occupation:	

## JOINT OWNER INFORMATION

<b>Joint Owner Name:</b>		SSN:
Date of birth:	Relationship: Parent: <input type="checkbox"/> Guardian: <input type="checkbox"/> * Other: <input type="checkbox"/>	
Current address:		Mother's Maiden Name:
City:	State:	ZIP Code:
Home Phone:	E-mail:	Work Phone:
ID Type:	ID Number:	Cell Phone:
Employer:	Occupation:	

## 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 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. citizen or other U.S. person. For federal tax purposes you are considered a U.S. person if you are: and individual who is a U.S. citizen or 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.

## ACKNOWLEDGEMENTS

**Credit Report Authorization:** By signing below you authorize the Credit Union to check your account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you request and for other accounts, products or services we may offer you or for which you may qualify, including any lending products or services. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

**For Account and/or Account Service Requests:** By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability, Privacy Notice, Fee Schedule and to any amendments to these documents that the Credit Union may make from time to time.

**Parental Consent:** \*In the relationship field, if the other box is checked, Parental Consent will be required before account opening.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature:	Date:
Signature:	Date:
Signature:	Date:

JOINT OWNER INFORMATION <i>(If additional joint owners are requested, add on additional request form)</i>		
<b>Joint Owner Name:</b>		SSN:
Date of birth:	Relationship: Parent: <input type="checkbox"/> Guardian: <input type="checkbox"/> * Other: <input type="checkbox"/>	
Current address:		
City:	State:	Zip:
Home Phone:	E-mail:	Work Phone:
ID Type:	ID Number:	Cell Phone:
Signature:		Date:

**TCT Federal Credit Union is committed to educating our youth on the importance of managing their money – what better time than now?**

PARENTAL CONSENT <i>(Used for Members under 18 years of age where joint owner is other than the parent or legal guardian.)</i>		
I, _____ parent/legal guardian of _____ approve for my child to open this Youth Savings Account identified on the front of this form. It is my understanding that the Joint Owner is someone other than the parent or legal guardian.		
<b>Parent / Legal Guardian:</b>		Date:
Current address:		
City:	State:	Zip:
Since the account owner is a minor, TCT requires parent/legal guardian acknowledgment to open a savings account with us. By signing this consent, you are simply informing TCT Federal Credit Union that you are aware and approve of this account.		
Signature of Parent/Legal Guardian:		Date:

Notary Information		
State of: _____	County of: _____	City, Town, Village of: _____
This person named above in this parental consent section personally came before me and signed above on this, _____ day of, _____, 20____		
My commission expires on, _____		
Notary Signature: _____	For Notary Seal	
Notary Printed Name: _____		

FOR CREDIT UNION USE ONLY	
Date of Membership:	Opened/Approved By: _____
Member Verification:	
Verification Completion Date:	By: _____
Government List(s) Checked <input type="checkbox"/> Treasury CIP List <input type="checkbox"/> OFAC <input type="checkbox"/> Other: _____	
List Verification Completion Date:	By: _____



416 Rowland Street | Ballston Spa, NY 12020  
 Phone: 518-884-7002 | Fax: 518-884-7094 | Online: TCTFCU.ORG

