

INDIVIDUAL INVESTOR APPLICATION

Teller Services: 92 North Avenue, Burlington, VT. 05401
P: 802.865.2003 or 800.865.8328 F: 802.860.6123

www.oppsvt.org



ACCOUNT SELECTION (Required)

All memberships require a \$35 deposit (\$5 membership fee, \$5 share and \$25 deposit.

Money Markets and CDs carry a minimum balance of \$500.

Money Market Account: \$_____ enclosed

Community Development CD: _____ term \$_____ enclosed

_____ term \$_____ enclosed

Socially Responsible CD at 0% APY: _____ term \$_____ enclosed

_____ term \$_____ enclosed

Basic Certificate of Deposit: _____ term \$_____ enclosed

_____ term \$_____ enclosed

May we use your name in support of Opportunities Credit Union's public relations/marketing efforts? Yes No

MEMBER INFORMATION (Required)

Name (please print): _____ Date of Birth: _____

SSN: _____ Drivers License #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

Work Phone: _____ Email: _____

Employer & Occupation: _____ Mother's Maiden Name: _____

CO-OWNER INFORMATION

Name (please print): _____ Date of Birth: _____

SSN: _____ Drivers License #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

Work Phone: _____ Email: _____

Employer & Occupation: _____ Mother's Maiden Name: _____

PLEASE COMPLETE AND SIGN REVERSE SIDE OF THIS APPLICATION FORM
(To add a beneficiary(s), please request a Beneficiary Application)

TAX CERTIFICATION

Under the 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.

ADDITIONAL INFORMATION

Some of our most important programs are funded by grants that require us to provide statistical information to monitor our community economic impact. You are not required to provide the information, but encouraged to do so. *We respect your privacy and do not share or utilize this information for credit decisions.*

MEMBER <input type="checkbox"/> I do not wish to furnish this information	CO-OWNER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native <input type="checkbox"/> Hawaiian or Other Pacifica Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native <input type="checkbox"/> Hawaiian or Other Pacifica Islander <input type="checkbox"/> White
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
<input type="checkbox"/> Married/CU <input type="checkbox"/> Unmarried (single, widowed, divorced) <input type="checkbox"/> Separated	<input type="checkbox"/> Married/CU <input type="checkbox"/> Unmarried (single, widowed, divorced) <input type="checkbox"/> Separated

ACCOUNT DESIGNATIONS (Required)

- Single Account**
 Joint Account

The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid on all shares, or heretofore or hereafter paid in on shares by any or all of said owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with rights 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. The joint owners also agree to the terms and conditions of the account as established by the Credit Union from time to time. **Trust Account** **Payable on Death (POD)**
 UGMA as custodian under the Uniform Gifts to Minor Acts. Minor's Name: _____ Minor's SSN: _____

REFERRAL

- Referred by Member (please include name of member):** _____
 Referred by Opportunities Credit Union Staff: (please include name): _____
 Advertisement Yellow Pages Tradeshow Mailing Internet Other: _____
 Referred by an organization (business, non-profit, government, etc): _____
 Other: _____

SIGNATURES (Required)

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth In Savings, Rate and Fee Schedule, the Patriots Act, 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 Agreement 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 the receipt of the Electronic Funds Transfer Agreement. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

By signing below, I understand that I become an associate member of Opportunities, Inc., Opportunities Credit Union's development partner. As such, I pledge to support community development and wealth building.

X _____
 Signature Date

X _____
 Signature Date

09/07		FOR OFFICE USE ONLY: MEMBER NUMBER _____		Welcome Packet Sent _____ (Initial) _____ (Date) _____	
Date Opened _____	Opened by _____	Date Closed _____	Close Reason _____		
Eligibility: (circle one) ONE WIN OPPS INC		O:NCPS Ver: _____	OFAC: _____	ID#: _____	Other: _____
		CO:NCPS Ver: _____	OFAC: _____	ID#: _____	



TO OPEN YOUR ACCOUNT by MAIL:

1. Complete the enclosed INDIVIDUAL APPLICATION
2. Make one check payable to "Opportunities Credit Union" for your deposit, plus \$35. (\$5 one-time membership fee, \$5 required share deposit and a \$25 initial deposit)
3. Include a clear photocopy of a valid, government issued picture ID (i.e. Driver's License or Passport) for each signer.
4. Have your signature(s) notarized by a notary public.
5. Mail in your application and your initial deposit to:

Opportunities Credit Union
Attn: Deposit Services
18 Pearl Street
Burlington, VT 05401
6. If you prefer to wire your initial deposit, send in the above paperwork and contact: Deposit Services at 802-865-2003 x141 for the wire instructions.

Disclosure: For incoming wires, there is a \$10 wire deposit fee.