

124 South Ridgedale Avenue, East Hanover, NJ 07936  
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 Phone: (973) 947-1000 • Fax: (973) 947-1001 • CUPID (888) 826-LOVE (5683)

Account #

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
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**Membership eligibility\* - How are you (hereafter "Primary Accountholder") eligible for Novartis FCU membership? Check one. ( Print clearly in black or blue ink. )**

<input type="checkbox"/> <b>Active Novartis Employee</b>	<input type="checkbox"/> <b>Retired Novartis Employee</b>
Location:	Employee ID #:
<input type="checkbox"/> <b>Active Employee of an other Sponsor Group</b>	
Employer:	Employer ID #:
<input type="checkbox"/> <b>Through an Association</b>	
Association Name:	
<input type="checkbox"/> <b>Related to and living at the same address of a Novartis FCU member</b>	
Sponsoring Member's Full Name:	Account Number :

**Accounts Opening with Application – Check all that apply and include a check or money order for at least the minimum balance required.**

<b>Share Savings</b> (required for membership): <b>\$5.00</b> minimum opening balance <b>\$100.00</b> min bal is required while maintaining a loan with the credit union	<b>INFO REQUIRED WHEN JOINING (by mail or at a branch)</b> <i>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.</i> <ul style="list-style-type: none"> <li>● If you are an Active Employee of Novartis or one of our other sponsor companies, provide a copy of your Employee ID.</li> <li>● If you are eligible for membership through a family member, or you are a retiree of one of our sponsor companies, please provide a copy of your driver's license, passport or other govt. issued photo ID.</li> <li>● Copies of all above-mentioned information for Joint Account Holders must also be included.</li> <li>● All Account Holders must <b>SIGN THE BACK</b> of this Application.</li> <li>● Include a check or money order for all Accounts being opened now.</li> </ul>
<b>Holiday Club Account:</b> <b>\$5</b> minimum opening balance; Matures October 1st	
<b>Vacation Club Account:</b> <b>\$5</b> minimum opening balance; Matures July 1st	
<b>Money Market:</b> <b>\$500</b> minimum opening balance; Limited to three withdrawals per month	
<b>Checking:</b> <b>\$50.00</b> min. opening balance; No minimum balance required to maintain account; A full account disclosure is available and will be sent with your receipt	
<b>Certificate</b> _____ <b>Month Term:</b> <b>\$500.00</b> minimum balance (3, 6, 12, 24, 36, 60) A full account disclosure is available and will be sent with your receipt	

**Other Services Requested –Check all that apply**

<input type="checkbox"/> <b>VISA Debit Rewards Card:</b> A checking account is required. A full disclosure will be sent to you with your card(s)
<input type="checkbox"/> <b>VISA Classic Credit Card Application – Credit Limit Requested:</b> \$ _____ (\$5,000 max.) A pre-approved application and full disclosure will be sent to you under separated cover.
<input type="checkbox"/> <b>VISA Platinum Reward Credit Card Application – Credit Limit Requested:</b> \$ _____ (\$25,000 max.) A pre-approved application and full disclosure will be sent to you under separated cover.
<input type="checkbox"/> <b>Over Draft Line of Credit – Credit Limit Requested:</b> \$ _____ A checking account is required. A pre-approved application and full disclosure will be sent to you under separated cover.
<input type="checkbox"/> <b>Please send me a Home Equity Line of Credit Application.</b>
<input type="checkbox"/> <b>Please send me a Consumer Loan Application.</b>
<input type="checkbox"/> <b>Please contact me concerning a Mortgage Loan:</b> You may also contact the Mortgage Department at (877) 885-4044
<input type="checkbox"/> <b>Please contact me concerning Investment and Financial Planning Services:</b> Or call (862) 778-7309

**Primary Account Holder Information**

Last Name	First	Middle	Social Security #
Home Address (No PO Boxes)		Apt/Unit #	Mother's Maiden Name
City	State	Zip Code	Home Phone #
Home Email Address	Driver's License # & State		Date of Birth
Employer	Department		Work Phone #

**Joint Account Holder Information**

Last Name	First	Middle	Social Security #
Home Address (No PO Boxes)		Apt/Unit #	Mother's Maiden Name
City	State	Zip Code	Home Phone #
Home Email Address	Driver's License # & State		Date of Birth
Employer	Department		Work Phone #

\*Novartis FCU membership is open to active and retired employees of Novartis and our other Sponsor Companies. A complete listing is available at [www.NovartisFCU.org](http://www.NovartisFCU.org). Membership is also available to all immediate family members of our current members that are living at the same address.

# Membership Application (continued)

NOVARTIS FEDERAL CREDIT UNION

## JOINT ACCOUNT AGREEMENT (NOT TRANSFERABLE)

Novartis Federal Credit Union is hereby authorized to recognize any of the signatures subscribed in the payment of funds or the transaction of any business for this account. 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 to their credit as such 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. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

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 from the credit union.

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.

## CERTIFICATION

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 to me), AND
2. I am not subject to backup withholding either because 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 the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement account (IRA), and payment other than interest and dividends).
3. I am a U.S. person (including a U.S. resident alien).

**CERTIFICATION INSTRUCTIONS** – You must 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 or dividends on your tax return.

By signing below I acknowledge and certify that I have read and understand all disclosures on both sides of this application. (Application cannot be processed unless both sides are completed and signed.)

## ACCOUNT APPLICATION AND SIGNATURE AUTHORITY

I (We) hereby make application for membership in the Novartis Federal Credit Union and agree to conform to its bylaws and amendments thereof, copies of which are available to me and to subscribe for and maintain at least one (1) share in a Regular Share Savings Account.

By signing this card, I (we) authorize the credit union to obtain credit reports and other credit related information in connection with this application for membership, services, and/or credit, and for update, renewal or extension of the credit and/or services received, if applicable. If I request, the credit union will tell me the name and address of any bureau from which it received a credit report on me.

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

*We certify that the information provided within this application is my (our) true and correct identify information*

Primary Member's Signature

X

Joint Member's Signature

X

Date of Application

Date of Application

## NOTARY INFORMATION – Identification Program required by the USA Patriot Act

If you are opening your account by **MAIL**, please have your signature(s) notarized prior to sending in your application.

We ask for your understanding as we work to support these efforts to maintain the security of your funds and our country.

State of \_\_\_\_\_ County of \_\_\_\_\_ City, Town of \_\_\_\_\_

This (these) person(s) named hereon personally came before me and signed above on this the \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires on \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY  
SEAL

Notary Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

## FOR CREDIT UNION USE ONLY

- Checking    Debit    Credit    Loan    HELOC    Over Draft  
 Mortgage    Financial Planning

New Application

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Revised Application - Reason for Being Revised: \_\_\_\_\_

Adding Joint Account Holder

Name Change

Updating Signature

Other

Approved By:  Membership Officer    Board    Exec. Comm

Signature

X

Date