

**CAMPAIGN ACCOUNT APPLICATION**



Acct # \_\_\_\_\_  
 Acct Type \_\_\_\_\_  
 Date \_\_\_\_\_

SEFCU USE ONLY	ID Type Number	Issued	Expires	Mbr Group Code	Member Eligibility	SSN State	Operator	ChexSystems Results
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1. Campaign Account Name _____	2. Tax ID Number _____	3. Date of Origination _____
4. Physical Address _____ _____		
5. Responsible Party's Name _____	6. Social Security Number _____	7. Date of Birth _____
8. Physical Address _____ _____	9. Occupation _____	10. Business Phone Number _____
		11. Home Phone Number _____
12. Second Responsible Party's Name _____	13. Social Security Number _____	14. Date of Birth _____
15. Physical Address _____ _____	16. Occupation _____	17. Business Phone Number _____
		18. Home Phone Number _____

19. I/We authorize SEFCU to establish or add the following accounts/services:

<input type="checkbox"/> Checking	<input type="checkbox"/> Young Adult Checking	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Online Access
<input type="checkbox"/> DIAL	<input type="checkbox"/> Preferred Savings	<input type="checkbox"/> Owner's Choice	<input type="checkbox"/> Other _____

**SEFCU 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. By signing you agree to be bound by the terms and conditions for this account as outlined in the Member Benefits Guide.**

**Under no circumstances will the Campaign funds be pledged for loans for the personal use of the Responsible Party(ies) or used in any manner not in the strict accordance with the terms of the Campaign Account. Withdrawals from the Campaign Account may be made on the written request of the Responsible Party(ies). I understand that the credit union has no responsibility concerning use of the funds withdrawn from the account by the Responsible Party(ies).**

**CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING**  
 Under penalties of perjury, I certify that: (1) The number shown on the form is my correct taxpayer identification number. And (2) I am not subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Signature of Responsible Party

X

Signature of Responsible Party

X

Membership Officer

X

State of New York  
 County of \_\_\_\_\_

On this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, before me personally came \_\_\_\_\_ known to me to be the individual(s) described in and who executed this instrument, and he/she duly acknowledged to me that he/she executed same.

\_\_\_\_\_  
 Notary Public

\*If applying by mail, this form must be witnessed by a Notary Public and forwarded, along with a valid driver's license, to SEFCU, P.O. Box 12189, Albany, NY 12212-2189.

**Merger Notice and Addendum**

As of August 1, 2022, Capital Communications FCU (CAP COM) and State Employees FCU (SEFCU) officially merged to become one new credit union, **Broadview Federal Credit Union**. “CAP COM,” “Capital Communications Federal Credit Union,” “SEFCU,” and “State Employees Federal Credit Union” are now considered our “Legacy Names.”

While we update everything to reflect Broadview Federal Credit Union, we will temporarily operate in some instances under our Legacy Names and you may see “CAP COM, a division of Broadview Federal Credit Union” and “SEFCU, a division of Broadview Federal Credit Union.”

No matter what name you see on signage, in documents, etc., we have officially become one legal entity, and are now Broadview Federal Credit Union.

**As a member, you will see certain documents labeled with the Legacy Names however, you are doing business with one credit union, Broadview Federal Credit Union.**

For example, you shall consider any reference to “SEFCU” or “CAP COM” in your account opening documents, deposit requests, or existing loan documents to be replaced with “Broadview FCU” wherever it appears therein. Similarly, applications for new deposit accounts or consumer loans may reference the Legacy Names CAP COM or SEFCU, but your obligation is with Broadview Federal Credit Union.

With regard to deposit insurance, if you have funds on deposit at both CAP COM and SEFCU, as of February 1, 2023, those deposits shall be combined to determine your maximum deposit insurance coverage.

By proceeding, I affirm I have read and understood the above notice and acknowledge this notice shall constitute an addendum to my loan documents with SEFCU or CAP COM, as applicable.

\_\_\_\_\_  
[Member Signature]

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Member Signature]

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Member Signature]

\_\_\_\_\_  
Date

**Broadview Federal Credit Union**

  
\_\_\_\_\_

Duly Authorized Officer

\_\_\_\_\_  
Date

**THIS ADDENDUM PROVIDES IMPORTANT INFORMATION REGARDING THE CAP COM FCU/SEFCU MERGER  
PLEASE RETAIN THIS ADDENDUM WITH YOUR LOAN AGREEMENTS AND DOCUMENTS**