



MEMBERSHIP APPLICATION

Member # _____
Primary Acct # _____
Date _____
Branch _____

Mother's Maiden Name _____

Table with 9 columns: SEFCU USE ONLY, ID Number, Issued, Expires, Member Group Code, Member Eligibility, SSN State, Operator, Quailfile Results

- 1. Name, 2. Mailing Street Address, 3. City, State, Zip, 4. E-mail address, 5. Date of Birth, 6. Social Security Number, 7. Occupation, 8. Work Phone Number, 9. Home Phone Number, 10. Cell Phone Number, 11. Employment Status, 12. Employer, 13. Employment Duration, 14. Title, 15. Gross Income, 16. ID State, 17. Occupancy Status, 18. Occupancy Duration

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

- Checking, Debit Card, Preferred Savings, Other, Young Adult Checking, Online Access, Owner's Choice, Other, Personal Line of Credit*, DIAL, Holiday Club

I/We hereby make application for membership in SEFCU, and agree to conform to the laws and amendments thereof and subscribe for at least one share.

This is a variable rate account. As such, the credit union reserves the right to change the rate at any time and at its sole discretion.

*Upon approval your personal line of credit is activated.

SEFCU USE ONLY	ID Number	Issued	Expires	Member Group Code	SSN State	Year
	_____	_____	_____	_____	_____	_____

20. Joint Owner Name

21. Mother's Maiden Name

22. Mailing Street Address

23. City, State, Zip

24. E-mail Address

25. Date of Birth

26. Social Security Number

27. Occupation

28. Work Phone Number

29. Home Phone Number

30. Cell Phone Number

31. Employment Status

32. Employer

33. Employment Duration

34. Title

35. Gross Income

36. ID State

37. Occupancy Status

38. Occupancy Duration

SEFCU is hereby authorized to recognize any of the signatures subscribe hereto in the payment of funds or the transaction of any business for this account. All sums paid in on shares in joint accounts are owned jointly, with the right of survivorship, and are subject to the withdrawal by, or receipt of, either party. Payment to either joint owner or a survivor shall be presumed valid and releases SEFCU from any liability for such payment, absent gross negligence by SEFCU. By signing you agree to be bound by the terms and conditions for this account as outlined in the Member Benefits Guide. Your signature also authorizes SEFCU to obtain a consumer credit report in connection with this process; and at your request, the Credit Union will supply the name and address of any credit bureau from which it will receive, or has received, a consumer report on you. Completion of this membership application is not to be considered as an application for credit.

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: (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, 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.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

39. Owner Signature

40. Joint Owner Signature

41. Membership Officer

X

X

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.

Federally insured by NCUA

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**