



LUFTHANSA EMPLOYEE FEDERAL CREDIT UNION

1640 Hempstead Tpke ♦ East Meadow, New York 11554
Tel: (516) 296-9478 ♦ Fax: (516) 296-9415
E-mail: info@lhcu.com Web: <http://www.lhcu.com>



MEMBER APPLICATION

CUSTOMER IDENTIFICATION PROGRAM

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

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.

What this means for you: When you request to open an account, we will ask for your full name including middle name, your physical address, date of birth, social security number or tax identification number, or other information that will allow us to identify you. We will require a photo identification issued by a government agency, which would typically be your driver's license, or State Issued identification card.

Lufthansa Employee Federal Credit Union (LEFCU) may also obtain a credit report prior to opening an account for you. Based on your credit rating, LEFCU may not offer you all of our services and products or may deny your account request.

By authority granted Financial Institutions by the US Patriot Act, we will be requesting information to verify identity.

I understand the above and would like to become a member of **LUFTHANSA EMPLOYEE FEDERAL CREDIT UNION**.

Please check one:

- Regular Savings Account Minimum \$10 USD
- Money Market Account Minimum \$1500 USD
- IRA Account (If yes, please specify what type):
 - Traditional IRA Roth IRA Educational IRA
- Time Deposits (CDs): _____ year(s)

NAME: _____

TITLE NAME OF ACCOUNT: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

HOME #: _____ WORK #: _____

(OVER)



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E-MAIL: _____

DEPARTMENT: _____ LH ID (PK)#: _____

MONTHLY SAVINGS FROM PAYROLL

YES NO \$ _____ Monthly

INITIAL DEPOSIT: \$ _____ Initial Deposit

BENEFICIARY: PLEASE COMPLETE TRANSFER ON DEATH AGREEMENT

With my signature below, I confirm that I have read the "Truth in Savings" provisions and that I have retained a copy thereof. **I also have enclosed a copy of my government or state issued photo ID (passport or drivers license) as mandated by US authorities.**

SIGNATURE

DATE

IMPORTANT

**Please be sure to include:
W-9 FORM
PHOTOCOPY OF GOVERNMENT ISSUED ID**

(CREDIT UNION USE ONLY):

Approved by:

Credit Union Employee

Date

BSA Compliance Officer

Date