Qualification for Membership

Thank you for choosing USALLIANCE Financial. There are several ways you can qualify to become one of our valued members – the community in which you live or work; the company you work for; a family relationship or membership with a USALLIANCE partner association. Please review the choices below and select the one most appropriate for you.

☐ I live or work (or regularly conduct business) in the following Massachusetts County:
  □ Barnstable  □ Essex  □ Middlesex  □ Norfolk  □ Plymouth  □ Suffolk  □ Worcester

☐ I live, work (or regularly conduct business in), volunteer, worship or attend school in West Haven, CT.

☐ I live, work (or regularly conduct business in), attend school or worship in the under-served area of New York, NY (see map below).

☐ I am an employee or retiree of the following eligible New York or Massachusetts company:

☐ I am an employee or retiree of a state or local government agency in one of the following NY counties: Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster, or Westchester.

☐ I am an immediate family or household member of the following existing USALLIANCE member:

☐ I am a member of the following charitable organization or association:
  □ Council of Community Services  □ WARC
  □ Rye Arts Center  □ AOPA  □ SullivanArc
  □ Tread Lightly!  □ ASCAP
  □ New-York Historical Society

................................. OR .................................

I want to become a member of one of the following USALLIANCE partner associations and authorize USALLIANCE to submit my membership request to (please select one organization):

☐ Tread Lightly! is a national nonprofit organization with a mission to promote responsible recreation through ethics, education and stewardship programs. Learn more at treadlightly.org.

☐ The Council of Community Services raises awareness about the various social and economic issues existing in the communities of Port Chester, Town of Rye and Rye Brook.

☐ WARC provides support and services to Westchester residents with intellectual and developmental disabilities, including those on the autism spectrum.

☐ The New-York Historical Society, one of America’s pre-eminent cultural institutions, is dedicated to fostering research, presenting history and art exhibitions, and public programs that reveal the dynamism of history and its influence on the world today.

☐ SullivanArc provides support for those in Sullivan County with developmental disabilities.

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**Membership Acknowledgment and Certification**

**Agreement:** I certify that I am within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family or household relationship. Signing below constitutes an agreement to conform to the terms and conditions of the Truth-in-Savings Disclosure and Membership Agreement and the Fee Schedule for products and services I am currently requesting or those I request in the future. I do hereby authorize USALLIANCE Financial to investigate my creditworthiness, employment and income. I certify that all information provided to USALLIANCE Financial is accurate. These disclosures (as applicable) will be delivered to me once my membership has been opened. If I, the Primary Member, am under 18 years of age, I understand that I must have a parent or guardian of legal age listed as joint on any account(s).

**Taxpayer Identification Number (TIN):** For individuals, this is your Social Security Number (SSN). However, if you are a resident alien and do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN).

**Certification:** Under penalties of perjury, I certify that: (1) The number I have provided is my correct taxpayer identification number. (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding (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 interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding and (3) I am a U.S. Citizen or U.S. Resident Alien (4) The FATCA code(s) entered on this form (if any) indicate that I am exempt from FATCA reporting. 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. By crossing out item 2, I certify that the language related to underreporting does not apply. If you are not a U.S. Citizen or U.S. Resident Alien, complete a W-8 BEN to certify foreign status. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) ____________ Exemption from FATCA reporting code (if any) ___________

The Internal Revenue Service does not require consent to any provisions of this document other than the certification required to avoid backup withholding.

Primary Member:
Joint Member:
Member Number:

**Primary Member Signature** X__________________________ Date ____________

**Joint Member Signature** X__________________________ Date ____________

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