SELFRELIANCE –САМОПОМІЧ

Association of Ukrainian Americans- Branch: Pittsburgh and Southwestern Pennsylvania

Об'єднання Українців в Америці „Самопоміч": Відділення Пітсбурга та Західної Пенсильванії

Ukrainian Selfreliance of Western Pennsylvania Federal Credit Union

700 Washington Ave Suite 100 Carnegie, PA 15106

MEMBERSHIP APPLICATION – ЗАЯВА НА ЧЛЕНСТВО

Account number- Номер рахунку_____

(Membership in the Selfreliance Association of Ukrainian Americans is prerequisite to membership in the Ukrainian Selfreliance of Western Pennsylvania Federal Credit Union. Членство в Об'єднанні Українців в Америці „Самопоміч" є обов'язковою передумовою членства в Українській Федеральній Кредитній Спілці „ Самопоміч".

I, hereby, make application for membership in the "Selfreliance" Association of Ukrainian Americans, Pittsburgh, and Western Pennsylvania Branch. I agree to conform to its bylaws and amendments thereof. Я подаю заяву на членство в Об'єднання Українців в Америці „Самопоміч" відділення Пітсбурга та Західної Пенсильванії. Я зобов'язуюся виконувати статут та всі поправки до нього.

Name- Ім'я та прізвище _____

Address – Адреса_____

City/State/Zip – Місто/Штат/Індекс_____

Telephone Number- Номер телефону _____

E-mail- електронна адреса _____

Date of Birth- Дата народження_____

Citizenship- Громадянство _____

Marital Status – Сімейний стан_____

Family Members (Names and ages)- Члени родини (імена та вік)_____

_____

I, hereby, certify that I am at least in part of Ukrainian descent. Підтверджую, що я українського походження.

_____ _____

Signature-Підпис **Date- Дата**

This application was reviewed on_____and applicant was accepted as regular member.

Branch President_____ Branch Secretary_____

Processing fee: $.50 Initial Dues: $.50

Ukrainian Selfreliance of W PA FCU
700 Washington Ave, Suite 100
Carnegie, PA 15106
Telephone: (412) 481-1865
Fax: (412) 481-0577
www.samopomich.com

Member Services Request

☐ NEW ☐ UPDATE DATE: _____ **MEMBER NO:** _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 when opening a new account.
What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

MEMBER/OWNER INFORMATION

☐ Update

Member/Owner Name:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	☐ Listed ☐ Unlisted	Email:	
Secondary Phone:	☐ Listed ☐ Unlisted	Security Code:	
Employer:		Occupation/Title:	

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

☐ Individual ☐ Joint Account with Rights of Survivorship ☐ Joint Account without Rights of Survivorship

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

☐ Joint Owner ☐ UTMA Custodian ☐ Agent ☐ Other Authorized Signer (Describe): _____
☐ Add ☐ Update ☐ Remove
See Account Authorization Card

Name #1:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	☐ Listed ☐ Unlisted	Email:	
Secondary Phone:	☐ Listed ☐ Unlisted	Security Code:	
Employer:		Occupation/Title:	

☐ Joint Owner ☐ Agent ☐ Other Authorized Signer (Describe): _____
☐ Add ☐ Update ☐ Remove
See Account Authorization Card

Name #2:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	☐ Listed ☐ Unlisted	Email:	
Secondary Phone:	☐ Listed ☐ Unlisted	Security Code:	
Employer:		Occupation/Title:	

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

☐ Joint Owner ☐ Agent ☐ Other Authorized Signer (Describe): _____
☐ Add ☐ Update ☐ Remove See Account Authorization Card

Name #3: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Primary Phone: _____ ☐ Listed ☐ Unlisted Email: _____
Secondary Phone: _____ ☐ Listed ☐ Unlisted Security Code: _____
Employer: _____ Occupation/Title: _____

ACCOUNT TYPES

☐ Share/Savings: _____ ☐ Add ☐ Remove
☐ Share Draft/Checking: _____ ☐ Add ☐ Remove
☐ Share Certificate/Certificate: _____ ☐ Add ☐ Remove
☐ Money Market: _____ ☐ Add ☐ Remove
☐ Other: _____ ☐ Add ☐ Remove
☐ Other: _____ ☐ Add ☐ Remove

ACCOUNT SERVICES

☐ ATM Card: _____ ☐ Add ☐ Remove
☐ Debit Card: _____ ☐ Add ☐ Remove
☐ Audio Response: _____ ☐ Add ☐ Remove
☐ Internet Banking: _____ ☐ Add ☐ Remove
☐ Mobile Banking: _____ ☐ Add ☐ Remove
☐ Bill Payment: _____ ☐ Add ☐ Remove
☐ Other: _____ ☐ Add ☐ Remove

☐ Overdraft Protection ☐ Update
Indicate transfer priority:
1. _____
2. _____
3. _____
4. _____

ACCOUNT DESIGNATIONS

☐ Payable on Death (POD)/Trust Account ☐ All Accounts ☐ Designate Specific Accounts: _____
☐ Add ☐ Update ☐ Remove

Beneficiary/POD Payee: _____
SSN/TIN: _____ Date of Birth: _____
Street: _____
City/State/Zip: _____

☐ Add ☐ Update ☐ Remove

Beneficiary/POD Payee: _____
SSN/TIN: _____ Date of Birth: _____
Street: _____
City/State/Zip: _____

☐ **UTMA**

_____ (as custodian for _____ (Minor)
under the Pennsylvania Uniform Transfers to Minors Act.) Minor's SSN/TIN: _____

☐ **Agency** ☐ All Accounts ☐ Designate Specific Accounts: _____
Name of Agent: _____

Signature	Date
X	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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), 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and***

(3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).

(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Check the box for 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 checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. 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) _____

AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

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

Member/Owner	Date	Joint Owner/Authorized Signer	Date
X		X	
Joint Owner/Authorized Signer	Date	Joint Owner/Authorized Signer	Date
X		X	

FOR CREDIT UNION USE ONLY

Date of Membership:_____ Opened/Approved By:_____ Membership Eligibility:_____

Member Verification:_____

Verification List(s) Checked: ☐ OFAC ☐ Other:_____

List Verification Completion Date:_____ By:_____

Reports Checked: ☐ Credit Report ☐ Check Verification Report ☐ Other:_____

Overdraft Protection Opt-in Completion Date:_____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II 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 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they