

WELCOME TO THE SUMMIT FEDERAL CREDIT UNION

We're committed to serving all of your financial needs and to developing a solid relationship that will help you through every phase of your life.

The Summit now serves employees, family members, volunteers, and retirees of over 600 companies and organizations in New York State and across the country. We invite you to learn more about us and all of the advantages that credit union membership offers.

THE BENEFITS OF CREDIT UNION MEMBERSHIP

As a credit union, The Summit is a not-for-profit financial institution owned and operated exclusively by our members. There are no outside stockholders who require a return on their investment. In fact, we offer the same wide array of products and services that other financial institutions do - plus some they don't - and we're often able to provide you with lower loan rates and higher dividends on your savings and lower fees too.

WE'RE PROUD TO BE A FEDERAL CREDIT UNION

The Summit is chartered, insured and supervised by the National Credit Union Administration (NCUA), an agency of the United States Government. In general, your funds on deposit at The Summit are insured through the NCUA, up to a maximum of \$250,000 per account holder, and your retirement accounts (Traditional and Roth IRA's) are insured up to \$250,000 per account holder.

JOINING THE SUMMIT

If you're an employee, retiree, or volunteer of one of our member companies; if you're related to or share a permanent residence with a Summit member or potential member; or if you live, work, worship, volunteer, or attend school in the geographic boundaries of the City of Rochester, City of Geneva, Town of Henrietta, City of Buffalo or the Town of Amherst - you're eligible to join! You are also eligible for membership if your organization has an approved associational tie with The Summit through a local member company. Your Summit Member Service Representative can provide more information or visit our website at summitfcu.org.

HOW TO JOIN THE SUMMIT TODAY

Simply complete this Membership Enrollment Application and bring it to any Summit branch or visit our website for information regarding mailing in your application.



Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government. National Credit Union Administration, a U.S. Government Agency

For office use only: Account # _____

NOTE: The following is an application for credit.

The Fixed Daily Periodic Rate is 0.04644% with a corresponding ANNUAL PERCENTAGE RATE OF 16.95%. If you do not wish to apply for credit at this time, do not complete this section.

Credit Limit Requested \$ _____
 Repayment Monthly billing
 Payroll deduction - Pay period _____

Member/Borrower Information
 Own Rent Other (specify) _____
 Monthly payment (include taxes & insurance) _____
 Gross annual salary \$ _____ Other income* \$ _____
 Source of other household income _____

Joint Member/Co-borrower Information
 Own Rent Other (specify) _____
 Monthly payment (include taxes & insurance) _____
 Gross annual salary \$ _____ Other income* \$ _____
 Source of other household income _____

*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment.

Signature _____ Date _____

Joint signature _____ Date _____

FOR INTERNAL USE ONLY

Checking: Date opened ____-____-____
 Opened by _____ Checks ordered _____
 Teller # _____ Date ____-____-____
 Card ordered ATM card Check card # of cards _____
 Card number _____

Investment Services; application/referral _____
 ODP/LOC - Date ____-____-____ Loan Officer _____
 SEQ# _____ Approved Limit \$ _____ Denied

FOR OFFICE USE ONLY

This application approved by the Board of Directors and entered
 ____-____-____, _____
 Chairperson, Membership Committee

Primary Member
 ChexSys _____ Records yes no Retail yes no
 SS# available _____ year _____ age _____

Joint Member
 ChexSys _____ Records yes no Retail yes no
 SS# available _____ year _____ age _____



**Welcome to The Summit
 Federal Credit Union**

Complete this application and begin enjoying all the benefits of membership



We're Here For You

**CORPORATE HEADQUARTERS
 Canal Ponds Office Park
 100 Marina Drive
 Rochester, New York 14626**

**(585) 453-7000
 (800) 836-SFCU**

summitfcu.org



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Complete this application and begin enjoying all the benefits of membership

PRIMARY MEMBER INFORMATION

Name _____
Taxpayer ID or Social Security Number _____
Address _____
City _____ State _____ Zip _____
Email Address _____
Home Phone (____) _____ Business Phone (____) _____
Date of Birth ____/____/____ Driver's License Number _____
Employer _____
Employer Address _____
Position _____ How long there? Years ____ Months ____
Name and Address of Nearest Living Relative _____

How are you, the primary applicant, eligible for Summit membership? Please select one of the following:

- I am an employee, retiree, volunteer, or member of (eligible company name) _____
or
- I Live, Work, Worship, Volunteer or Attend School at _____
in the geographic boundaries of the City of Rochester, City of Geneva, Town of Henrietta, City of Buffalo or Town of Amherst
or
- I am eligible because I am a family/household member of an individual who meets any of the criteria above.
Name _____
Address _____
Phone _____ Employer _____
Relationship: Spouse Sister/ Brother Grandparent Grandchild
 Daughter/ Son Parent Household Member

Under penalty of perjury, I certify that: (1) The number shown on this form as my taxpayer identification or social security number is my taxpayer identification or social security 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 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 withholdings, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2, above, if you have been notified by the IRS that you are currently subject to backup withholdings because you have failed to report all interest and dividends on your tax return.
The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

JOINT MEMBER INFORMATION

Name _____
Taxpayer ID or Social Security Number _____
Address _____
City _____ State _____ Zip _____
Email Address _____
Home Phone (____) _____ Business Phone (____) _____
Date of Birth ____/____/____ Driver's License Number _____
Employer _____
Employer Address _____
Position _____ How long there? Years ____ Months ____

By signing this membership application, I/We certify, under penalty of perjury, that I/We are eligible for membership in The Summit Federal Credit Union, and agree to its bylaws and amendments thereof and subscribe for at least one share. I further request the Credit Union to issue me/us a Personal Identification Number (PIN) for use in connection with the Credit Union's audio response system (Quik Tran). Use of the PIN will be governed by the terms of the Credit Union's Electronic Funds Transfer Agreement & Disclosure as the same may be amended from time to time. I have read and fully understand the Membership and Account Agreement and Rate and Fee Schedules, and agree to abide by their terms as the same may be amended from time to time. I certify that all statements made by me herein are true and complete and, if I have requested an Overdraft Protection/Line of Credit, are submitted for the purpose of obtaining credit. I authorize you to obtain a credit report from a consumer reporting agency (credit bureau) in connection with this application and in connection with the update, renewal, or extension of any credit granted in response to this application, as well as for marketing by The Summit only or loan pre-approval purposes. The Credit Union may use the consumer report in considering whether to offer credit and other services to me. I authorize the Credit Union to investigate and verify with others any credit and income references and other credit information about me in order to determine my eligibility for membership and/or extension of credit and for any update or renewal thereof or future extension of credit. At my request, the Credit Union will tell me whether or not it asked for a consumer credit report, and if it did, the name and address of the agency or agencies that furnished the report. The Credit Union may exchange with others (including consumer reporting agencies) information regarding its credit experience with me. If the Credit Union approves my credit application, it will send me an acceptance letter notifying me of my credit limit and a complete copy of the Overdraft Protection/Line of Credit Loan Agreement and Truth-in-Lending Disclosure Statement, which includes a statement of my billing rights. If I request an advance by any of the ways described in that agreement, I will have indicated my agreement to all of the terms of that agreement.

ACCOUNT INFORMATION REQUEST

I/We submit a minimum deposit of \$5.00 to establish membership and maintain a savings account. In addition to a Regular Savings Account, I/We would like to add these accounts/services with The Summit:

SUMMIT ACCOUNTS

- Premium Checking (dividend bearing account)
- Enhanced Checking
- Basic Checking (no ATM access)
- Money Market Account
- MoneyMax Account (minimum deposit of \$25,000)
- IRA (Individual Retirement Account) - A separate application must be completed.
- Holiday Club Account
- Vacation Club Account
- Share Certificate - minimum deposit of \$500 \$ _____
- Youth Certificate - minimum deposit of \$50 \$ _____
- Safari Club (Youth Savings Account)
- Add Joint Member - Account Number _____

SUMMIT SERVICES

- ATM Card¹
- VISA® Check Card (Debit Card)¹
- Personal Checks - A check order form must be completed along with payment
- Direct Deposit - Please complete a Summit Payroll Authorization Card
- Payroll Deduction - Please complete a Summit Payroll Authorization Card
- Overdraft Protection/Line of Credit - Please complete application on the reverse side
¹Not available with Basic Checking

SUMMIT FINANCIAL PRODUCTS

- VISA® Platinum Card
- VISA® Gold Card
- VISA® Classic Card
- Personal Loan
- Automobile Loan
- Recreational Vehicle Loan
- Home Equity Loan
- Home Equity Line of Credit
- Home Improvement Loan
- Mortgage Loan
- Investment Services

Please refer to our Rate and Fee Schedule for a full listing of our current rates and fees.

For Office Use Only: Account # _____

Primary Member _____ **Date** _____
State of _____ County of _____ Day of _____ before me personally came _____
to me known and known to me to be the individual described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same.* _____
(Notary Public Signature)

Joint Member _____ **Date** _____
State of _____ County of _____ Day of _____ before me personally came _____
to me known and known to me to be the individual described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same.* _____
(Notary Public Signature)

Signatures

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***If applying by mail, application must be notarized and Applicant(s) must include a legible copy of driver's license(s) and proof(s) of income (recent paystub).**