

If you do not wish to apply for credit at this time, do not complete this section.

The fixed daily periodic rate is 0.04644% with a corresponding ANNUAL PERCENTAGE RATE OF 16.95%.

Please check the appropriate box below:

- If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Member/Applicant Information.
- If you are applying for a joint account or an account that you and another person will use, complete all sections providing information about the joint applicant.

We intend to apply for joint credit:

Applicant Signature _____

Joint Applicant Signature _____

Credit Limit Requested \$ _____

Member / Applicant Information

Own Rent Other (specify) _____

Monthly payment (include taxes & insurance) \$ _____

Gross annual salary \$ _____ Other income* \$ _____

Source of other household income _____

Joint Member / Applicant 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.

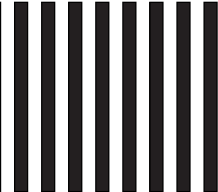
Applicant Signature _____ Date _____

Joint Applicant Signature _____ Date _____

For Office Use Only: Account # _____

**Fold this panel first, then fold left panel over.
Seal outside edge with two pieces of tape before mailing.**

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4391 ROCHESTER NY

POSTAGE WILL BE PAID BY ADDRESSEE

THE SUMMIT FEDERAL CREDIT UNION
CANAL PONDS BUSINESS PARK
100 MARINA DRIVE
ROCHESTER NY 14626-9901



WELCOME TO THE SUMMIT FEDERAL CREDIT UNION

The Summit Federal Credit Union is here for all your banking needs including checking and savings accounts, debit and credit cards, free online and mobile access, and a variety of loans. Because we're a Credit Union we can offer you low fees, competitive loan rates, and higher dividends on your savings. We're committed to helping you through every phase of your life!

PRODUCTS & SERVICES

The Summit has products and services for everyone. We offer various checking and savings options, including a Visa® Debit Card with Purchase Rewards that earn you cash back by simply shopping the way you like to shop. We have convenient account access for all members, which includes free online access, free mobile banking with mobile check deposit, and CO-OP Shared Branches nationwide. The Summit also offers affordable loans, including mortgages, home equity loans/lines of credit, and Visa® Credit Cards.

Looking to start investing in your future? We offer a full line of investment options and retirement planning through The Summit Retirement & Investment Services* from CUNA Brokerage Services, Inc. located at The Summit Federal Credit Union.

JOINING THE SUMMIT

If you're an employee, retiree, or volunteer for 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 Buffalo, City of Syracuse, City of Geneva, City of Tonawanda, Town of Henrietta, Town of Amherst, Town of Tonawanda, or Cortland County — you're eligible to join! You are also eligible for membership if your organization has an approved associational tie with The Summit. A representative from Member Service can provide more information at your local branch or at (800) 836-7328 extension 7030 or visit our website at summitfcu.org.

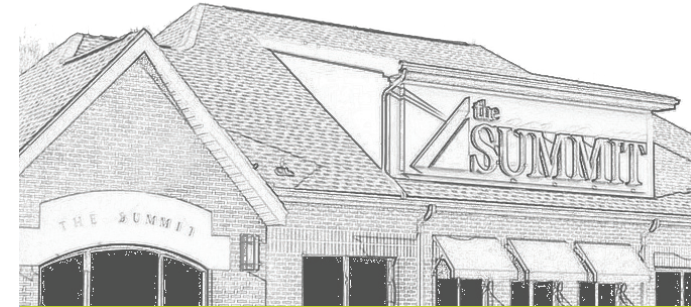


YOUR FUNDS ON DEPOSIT AT THE SUMMIT ARE INSURED THROUGH THE NCUA UP TO A MAXIMUM OF \$250,000 PER ACCOUNT HOLDER
THE SUMMIT IS FEDERALLY INSURED BY THE NCUA AND IS AN EQUAL HOUSING LENDER

*Securities sold, advisory services offered through CUNA Brokerage Services, Inc. (CBSI), member FINRA/SIPC, a registered broker/dealer and investment advisor. CBSI is under contract with the financial institution to make securities available to members. **Not NCUA/NCUSIF/FDIC insured, May Lose Value, No Financial Institution Guarantee. Not a deposit of any financial institution.** CHARTERED RETIREMENT PLANNING COUNSELOR (SM) and CRPC® are registered service marks of the College for Financial Planning®.

Welcome to The Summit!

Please complete this application and start enjoying all the benefits of membership



CORPORATE HEADQUARTERS

Canal Ponds Business Park
100 Marina Drive | Rochester, New York 14626

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

summitfcu.org



PRIMARY APPLICANT INFORMATION

Name _____

Social Security Number or ITIN _____

Physical Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Email Address _____

Phone #1 (____) _____ Phone #2 (____) _____

Date of Birth ____ / ____ / ____ Driver License Number _____

Employer _____

Employer Address _____

Position _____ Years There _____

Name and Address of Nearest Living Relative _____

JOINT APPLICANT INFORMATION

Name _____

Social Security Number or ITIN _____

Physical Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Email Address _____

Phone #1 (____) _____ Phone #2 (____) _____

Date of Birth ____ / ____ / ____ Driver License Number _____

Employer _____

Employer Address _____

Position _____ Years There _____

Citizenship (see green box): U.S. Citizen /Permanent Resident Alien Non-Resident Alien and I certify that the statements on the W-8BEN are true

U.S. Citizen / Permanent Resident Alien:
Under penalties of perjury, I certify that (1) the SSN/ITIN provided on this form is correct, (2) I am not subject to backup withholding and (3) I am a U.S. Citizen or U.S. Resident Alien unless I have indicated above that I am a Non-Resident Alien. The IRS does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing this membership application, I certify, under penalty of perjury, that I am 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 Summit to issue me a Personal Identification Number (PIN) for use in connection with The Summit's audio response system (Quick Train) and Online Services. Use of the PIN will be governed by the terms of the Summit's Electronic Funds Transfer Agreement & Disclosure which 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 which 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 for the purpose of obtaining credit, I authorize The Summit to obtain a credit report in connection with this application as well as for any update, renewal, extension, collection or review of a loan. I authorize The Summit to use the consumer report for marketing purposes, including loan pre-approvals, and in considering whether to offer other credit and services to me. In addition, I authorize The Summit 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 this loan or any future extension of credit. At my request, The Summit 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 Summit may exchange with others (including consumer reporting agencies) information regarding its credit experience with me. If The Summit approves my credit application, I will receive 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. The Summit will request information such as a copy of my driver license to verify my identity per the USA Patriot Act of 2001. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. I will provide my name, address, date of birth, and any other information that will allow The Summit to identify me.

Primary Applicant Signature _____ **Date** _____

Notary

State of New York ss.: County of _____ on the _____ day of _____ in the year _____ before me, the undersigned, personally appeared, _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Signature of Notary _____

Citizenship (see green box): U.S. Citizen /Permanent Resident Alien Non-Resident Alien and I certify that the statements on the W-8BEN are true

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 the eligible company or association listed below:

or

<input type="checkbox"/> Live, Work, Worship, Volunteer or Attend School in the geographic boundaries of the: (circle one)	
City of Rochester	City of Syracuse
City of Geneva	Town of Henrietta
Town of Amherst	Cortland County

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

ACCOUNT INFORMATION REQUEST

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

SUMMIT ACCOUNTS

- Enhanced Checking
- Premium Checking (*\$1,000 average daily balance*)
- Basic Checking (*no ATM access*)

SUMMIT SERVICES

- Visa® Debit Card (*not available with Basic Checking*)
- Direct Deposit
- Overdraft Protection/Line of Credit - Please complete application on the reverse side

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

Joint Applicant Signature _____ **Date** _____

Notary

State of New York ss.: County of _____ on the _____ day of _____ in the year _____ before me, the undersigned, personally appeared, _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Signature of Notary _____

If applying by mail, application must be notarized and Applicant(s) must include a legible copy of driver license(s) or state issued photo identification.

For Office Use Only: Account # _____