

Having a revolving line of credit gives you peace of mind and the flexibility to access funds when and if you need them. The line of credit is tied to your account, so you'll also get overdraft protection with no annual fees or transfer fees and funds become available again as you pay down your balance¹.

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 # _____

PRODUCTS & SERVICES

The Summit has financial solutions for everyone.

PRODUCTS:

- Savings and checking options, plus a Visa® Debit Card with rewards options for select cards.
- Affordable loans, including mortgages, home equity lines of credit and auto loans available directly at the dealership.
- Visa® Credit Cards with low rates, cash back, enhanced rewards and identity theft protection.

SERVICES:

- Convenient, free Online Access and mobile banking.
- A network of partner ATMs and over 5,600 nationwide CO-OP Shared Branches.
- Get your money faster with EarlyPay! EarlyPay gives you access to your eligible direct deposits up to a day early. There's no enrollment required and no fee – EarlyPay is included with all Direct Deposits that go into your checking account.²
- Our Virtual Branch brings the personal face-to-face service you love right to you, wherever you are! See and talk directly to a Summit Relationship Specialist and do almost everything you'd do at a physical branch via video right from your mobile or electronic device. Connect with us at summitfcu.org/VirtualBranch

The Summit is federally insured by the National Credit Union Administration and is a Equal Housing Lender. Membership eligibility required.

1. Subject to credit approval. Must be 18 years of age or older to apply.
2. Subject to The Summit's Funds Availability Policy and EarlyPay program terms. Member shall maintain a checking account with The Summit. Service shall only apply to direct deposits received through the ACH System.



YOUR FUNDS ON DEPOSIT AT THE SUMMIT ARE INSURED THROUGH THE NCUA UP TO A MAXIMUM OF \$250,000 PER ACCOUNT HOLDER.

NMLS# 454066

WE'RE ELEVATING THE ORDINARY™!

At The Summit, we believe life can be a little extra exciting for everyone. By offering more ways to save, expert banking advice, and our signature neighborly support, we pride ourselves on giving our members the tools to achieve their financial goals – big or small.

At The Summit, your goals are our goals. Wherever you want to go in life, we're with you – **Elevating the ordinary™** every step of the way.

JOINING THE SUMMIT

You're eligible to join if:

- You're an employee, retiree, or volunteer for one of our member companies.
- You're related to or share a permanent residence with a Summit member or potential member.
- You work, live, worship, volunteer, or attend school in 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 an employee, retiree or volunteer of one of our member groups. Our wide array of member groups know that partnering with The Summit is a great way to give their employees more at no cost to their organizations. See the full list of member groups at summitfcu.org/MemberGroups

See all of our locations at summitfcu.org/Branches



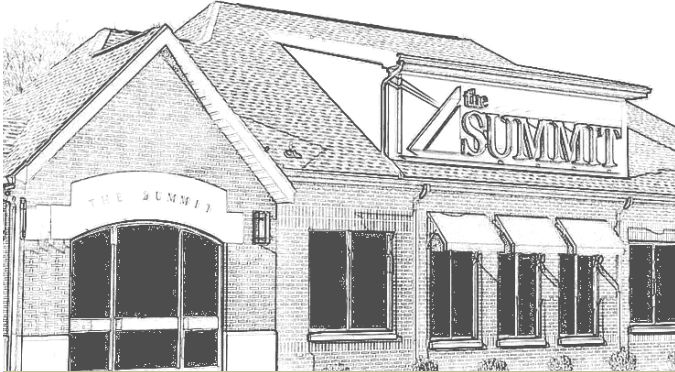
ELEVATING the ordinary.™

summitfcu.org | 800.836.7328



WELCOME TO THE SUMMIT!

Complete this application and begin enjoying all the benefits of membership.



CORPORATE HEADQUARTERS

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



ELEVATING the ordinary.™

summitfcu.org | 800.836.7328



Welcome to The Summit Federal Credit Union

Complete this application and begin enjoying all the benefits of membership

PRIMARY APPLICANT INFORMATION

Name _____

Social Security Number or ITIN _____

Physical Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Email Address _____

Phone #1 () ☐ Mobile Phone #2 () ☐ Mobile

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 () ☐ Mobile Phone #2 () ☐ Mobile

Date of Birth _____ / / Driver License Number _____

Employer _____

Employer Address _____

Position _____ Years There _____

Name and Address of Nearest Living Relative _____

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 did you hear about The Summit? ☐ Friend or Family Member ☐ Summit Employee ☐ The Summit Website ☐ Billboard ☐ TV/Radio/Newspaper Ad ☐ Online Ad ☐ Social Media

☐ My Employer ☐ Summit Event ☐ Other *If other, please specify _____*

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.

MISCELLANEOUS

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

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 membership at The Summit?

Please select one of the following:

☐ I am an employee, retiree, volunteer, or member of the eligible company or association listed at summitfcu.org/MemberGroups

or

☐ I live, work, worship, volunteer or attend school in the geographic boundaries of the: **(circle one)**

City of Rochester	City of Buffalo	City of Syracuse
City of Geneva	City of Tonawanda	Town of Henrietta
Town of Amherst	Town of Tonawanda	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 ☐ Child ☐ Grandparent ☐ Grandchild

☐ Sibling ☐ Parent ☐ Household Member

ACCOUNT INFORMATION REQUEST

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

SAVINGS ACCOUNTS	CHECKING ACCOUNTS
<input type="checkbox"/> Primary Savings <i>(Required for membership)</i>	<input type="checkbox"/> Basic Checking
<input type="checkbox"/> RoundUp Savings <i>(Visa® Debit Card with Checking required)</i>	<input type="checkbox"/> Enhanced Checking
<input type="checkbox"/> Regular / Club Savings	<input type="checkbox"/> Premium Checking <i>(\$1,000 average daily balance)</i>
<input type="checkbox"/> Youth Savings Accounts	<input type="checkbox"/> Digital Edge Spend <i>(Digital account for ages 16 – 26)</i>
<input type="checkbox"/> Money Market Account <i>(\$1,500 average daily balance required)</i>	<input type="checkbox"/> Digital Freedom Spend <i>(Digital account for ages 27+)</i>
<input type="checkbox"/> MoneyMax Account <i>(\$25,000 average daily balance required)</i>	
<input type="checkbox"/> Share Certificates	SELECT FEATURES
<input type="checkbox"/> Individual Retirement Account (IRA)	<input type="checkbox"/> Visa® Debit Card
<input type="checkbox"/> Health Savings Account (HSA)	<input type="checkbox"/> Direct Deposit
	<input type="checkbox"/> Overdraft Protection/Line of Credit*

ADDITIONAL APPLICATION INFO

*Please complete application on the reverse side

The Summit Federal Credit Union uses Passcodes to protect the security of your account. A Passcode is a 4-digit number you establish to be used as additional security via telephone, in person and for Virtual Branch interactions.

Please choose the 4 digits that will be used as the Passcode on the account. ____ ____ ____ ____

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 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's 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 _____

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 _____

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 _____