

Get Started

It's never too early to start saving!

Stop living in the past, and start living in the future. Open an account today!

Young Einstein

ages 12 and under
earns dividends
opening bonus*

Healthy Investors

ages 13-17
debit card available (with approved checking account)
earns dividends
opening bonus*



*Accounts must be registered for eStatements within 90 days of account opening to be eligible to receive opening bonus. eStatements required on account.

Open a youth account for your loved ones and receive \$10 for introducing a new member to our family. Plus, the youth account member will earn a \$15 deposit into their new account!*

To Get Started: Simply complete the application below. Remember, e-statements are required for this account, so be sure to include your email address! Sign the form and return to us: Email: hefcu@hefcu.com Fax: 609-275-4194
Mail: 29 Emmons Drive, Suite C-40, Princeton, NJ 08540 with your minimum \$10 opening deposit. Don't forget to include a copy of the youth's Social Security Card and Birth Certificate. Have any questions? Please feel free to give us a call at 800-624-3312.



Youth Account Membership Application



Name _____
Last First M.I.

Address _____
Street Apt# City State Zip

Phone _____ E-mail _____ Birth Date _____

Mother's Maiden Name _____ SSN _____ Eligibility _____

Joint Member's Name _____
Last First M.I.

Joint Member Birth Date _____ Joint Member SSN _____ Joint Member Acct. # _____

In accordance with Section 326 of the U.S.A. Patriot Act, HEFCU is required to obtain a copy of documents identifying our members 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 who opens an account. **What this means for you:** when you open an account, we will ask for your name, address, date of birth, Social Security number, driver's license number and other information that will allow us to identify you. To verify this information, we may obtain information from third parties such as credit reporting agencies. You will be required to provide a copy of your valid Social Security Number card with your Membership Application. Failure to do so will result in a restriction on access to your funds and possible closing of your account.

I have read and understand the procedures for opening a new account. I agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions.

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING: Under penalties of perjury, I, as custodian for the minor named on this form, certify that (1) The minor's Social Security number is the minor's correct Taxpayer Identification Number (or the minor is waiting for a number to be issued), and (2) The minor is not subject to backup withholding because: (a) the minor is exempt from backup withholding, or (b) the minor has not been notified by the Internal Revenue Service (IRS) that the minor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the minor that the minor is no longer subject to backup withholding, and (3) The minor is a U.S. person (including a U.S. resident alien). I understand that if I do not provide a taxpayer identification number for the minor to the credit union within 60 days, the Credit Union is required to withhold 20 percent of all reportable payments thereafter made to the minor until I provide a number on the minor's behalf.

Signature _____ Date _____

TO BE COMPLETED BY THE CREDIT UNION

Date _____

THE IDENTITY OF THIS INDIVIDUAL HAS BEEN VERIFIED BY Signature _____ Print Name _____

ID Attached Social Security Card Birth Certificate Account Number _____