

Thank you for making First Jersey Credit Union your first choice for all your financial needs — including checking and savings accounts, auto loans, home equity loans, and more.

If you have a question regarding your accounts, please contact us.

Call toll free 800.454.7206
or visit www.firstjerseycu.com

At First Jersey Credit Union, we strive to make your banking experience as convenient as possible. That's why we offer our members a drive thru for banking 7 days a week, safe deposit boxes, FREE ATMs, as well as a FREE coin counting machine.

Member Information Update Form

Since joining our credit union, did you:

Move?

Change jobs?

Get married?

First Jersey Credit Union wants to know your current information so that we may better serve you. Please complete and return the form inside.

One Corporate Drive
Wayne, NJ 07470
973.305.8889

245 Diamond Bridge Avenue
Hawthorne, NJ 07506

Toll free: 800.454.7206
Fax: 973.628.5371

Email: staff@firstjerseycu.com
www.firstjerseycu.com



FOR INTERNAL USE ONLY

CKSYS Date: _____

By: _____



CURRENT MEMBER — INFORMATION UPDATE FORM

Please complete and mail to: First Jersey Credit Union, One Corporate Drive, Wayne NJ 07470.

If you are adding a joint party, please include copies of that individual's Driver's License, and Social Security Card.

Member Number _____ Credit Union Rep. _____

ACCOUNT TYPE:

Single Joint Custodial Payable on Death Other _____

Primary Owner Minor

Name _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Home Phone # _____

Cell Phone # _____

Email _____

Driver's License # _____

Date of Birth _____ Mother's Maiden Name _____

Employer's Name (Required) _____

Employer's Address _____

Employer's Phone # _____

By signing below, I certify in accordance with the IRS W-9 instructions provided by First Jersey Credit Union and under the penalties of perjury, that the Social Security / Taxpayer ID number shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding as a result of failure to report dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding, and that I am a U.S. person (including a U.S. resident alien).

I am subject to backup withholding Exempt

I am not a United States Citizen or resident (complete W-8 form)

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

Applicant's/Custodian's Signature _____ Date _____

Joint Applicant's Signature _____ Date _____

Name of Successor Custodian _____ Date _____

For the past five years, I have lived at:

Street Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Joint With Survivorship Custodian

Name _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Home Phone # _____

Cell Phone # _____

Email _____

Driver's License # _____

Date of Birth _____ Mother's Maiden Name _____

Employer's Name (Required) _____

Employer's Address _____

Employer's Phone # _____

Beneficiary 1 _____ Date of Birth _____

Beneficiary 2 _____ Date of Birth _____

Beneficiary 3 _____ Date of Birth _____

I am interested in learning more about:

Online Banking Home Equity Loans Mortgages Student Loans

Auto Loans Other _____

VISA®: Classic Gold (Minimum Annual Income \$35,000)

Your signature grants permission to conduct credit bureau reports at the Credit Union's discretion. By signing below, I/we agree to the terms and conditions of the Membership Agreement, Rate/Fee Schedule, MasterCard Debit Check Card Agreement (for qualified members only), ATM agreement, the Banking by Phone agreement, and other account agreements as applied for within this application as well as any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. If I/we are applying through the mail, I/we understand the Credit Union will mail these disclosures within 20 days of receipt of this application. Upon receipt of the disclosures, if I/we choose to close these accounts, I/we understand that I/we will incur a charge for closing the account within 90 days.

Any financial service provided by the Credit Union may be used for any transaction permitted by law. I agree that illegal use of any financial service will be deemed an action of default and/or breach of contract and such service and/or other related services may be terminated at the Credit Union's discretion. I further agree, should illegal use occur, to waive any right to sue the Credit Union for such illegal use or any activity directly or indirectly related to it and additionally, I agree to indemnify and hold the Credit Union harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use.