

International Student Membership Application

Enter your information below and print the completed application. Sign your name in the appropriate sections and fax the completed application along with all other required documentation to 781-205-4880.

Section 1: Student Information

First Name _____ Middle Initial _____

Last Name _____

Social Security Number/TIN (W-8 form is required without SSN/TIN.) _____

Residency I am a US Citizen or Permanent Resident Alien

I am a Non-Permanent Resident Alien
Please include a copy of your Visa (i.e. H1-B) and the additional "Required Identification" described below.

Student Status MIT undergraduate, Class of _____

MIT graduate student

MIT ID # (if applicable) _____

Gender Male Female

Date of Birth (MM/DD/YYYY) _____

Email _____

Primary Phone _____ Cell Home Work

Secondary Phone _____ Cell Home Work

Password (Select an 8-10 character alpha-numeric password that only you know.) _____

U.S. Address (Please fill in your dorm or Cambridge-area address or write "not yet known" and contact us to update it ASAP.) _____

City _____ State _____ Zip Code _____

International Address (Please provide your permanent [non-U.S.] address.) _____

City _____ Country _____

I prefer to receive statements & accounts notifications at

My local address My second address

You will also be able to sign up for e-Statements.

How did you hear about MITFCU?

Referral Walk by Ad/Mailing Other

Section 2: Joint Owner Information

Adding a joint owner to your account is completely optional. For more information on joint owners, please see Section 5 on the back of this application. Leave this section blank if you do not want to add a joint owner.

First Name _____ Middle Initial _____

Last Name _____

Social Security Number/TIN (W-8 form is required without SSN/TIN.) _____

Relationship to Applicant _____

MIT ID # (if applicable) _____

Gender Male Female

Date of Birth (MM/DD/YYYY) _____

Email _____

Primary Phone _____ Cell Home Work

Secondary Phone _____ Cell Home Work

Current Address (If your address is the same as the primary owner's, simply write "same as local" or "same as second" below.) _____

City _____ State _____ Zip Code _____

Section 3: Certification of Taxpayer Identification Number (TIN)

Primary Owner Taxpayer Identification Number _____

For most individuals, your TIN is your Social Security Number. If you are a resident alien who does not have and is not eligible to get a SSN, please use your Individual Taxpayer Identification Number. If you are a non-permanent resident alien, please leave this portion blank and fill out a W-8.

Under penalties of perjury, I certify that: (1) The number I have provided on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholdings as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or permanent resident alien.

CERTIFICATION INSTRUCTIONS: You must cross out item two (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. IMPORTANT INFORMATION: We are required by federal law to obtain, verify, and record information that identifies each person who opens or has access to an MITFCU account. We will ask for your legal name, residential address, taxpayer identification number, phone number, and date of birth.

----- OVER -----

**International Student Membership Application
continued on reverse side**



Federally Insured by NCUA

MIT Federal Credit Union Student Membership Application

Section 4: Accounts & Services

I would like to open a savings account
A savings account is required to open a membership with MITFCU. A minimum balance of \$5 is required to maintain your membership.

I would like to open a checking account (A minimum balance of \$25.00 is suggested to open the account.)

How many Debit MasterCard® do you want? 1 2 (One for me and one for my Joint Owner.)

Your Debit MasterCard will allow you to use ATMs to access your checking and savings accounts. You can also make debit purchases, which draw on funds from your checking account.

Optional Share-to-Share Overdraft Protection Accept Decline

In the event of nonsufficient funds in your checking account, funds are transferred from your savings account to cover checks or online payments that would otherwise bounce (and carry a \$25 fee). There is no charge to have Share-to-Share Overdraft Protection and it's only \$5 per use.

Please hold my debit card and new member materials at the Student Center Branch (W20-116)

Selecting this option enables you to pick up your materials once you arrive at MIT. Approximate date of arrival: _____

Section 5: Agreements and Signatures

I certify that I am within the field of membership for reasons I outlined in Section 1 on the reverse. The information I have provided on this form is true, correct, and complete; if proven otherwise, you may demand payment in full on my outstanding debt with MITFCU and you may revoke any services I use. Signing and/or using my PIN constitutes an agreement to conform to the terms and conditions of the "Truth in Savings Disclosure and Account Agreements"; the "Electronic Services Disclosure and Agreements"; the "Visa Credit Card Agreement"; the "Federal Truth in Lending Disclosure"; and the "Schedule of Fees and Service Charges", all of which are incorporated by this reference whether applicable to products and services I am currently requesting or those I may request in the future. MIT TouchTone Teller and e-Branch Online Banking System will be immediately accessible upon receipt of my Electronic Services PIN, which will be issued to me seven to ten business days after I open my account. I may obtain a copy of any of these disclosures at any branch office or by calling MITFCU at 617.253.2845 during normal business hours. These disclosures (as applicable) will be mailed to me once my membership has been opened. If I (the primary owner) am under 18 years of age, I understand that I must have a parent or guardian serve as a joint owner on my MITFCU checking account. I authorize you to gather and exchange whatever credit, checking account, and employment information you consider appropriate from time to time and understand that you may make credit decisions and other decisions based in part on this information.

IF I COMPLETED SECTION 2, I authorize MITFCU to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now, heretofore, or hereafter paid in/on shares by any/all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor/survivors shall be valid and discharge said Credit Union from any liability for such payment. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners except by written notice to said Credit Union, which shall not affect transactions theretofore made.

X

Applicant Signature

Date

X

Joint Owner Signature

Date

APPLICANT CHECKLIST

Please present us with

- your Passport *or* US Driver's License *or* government issued ID
- your MIT Acceptance Letter, MIT ID Card, *or* MIT Letter of Employment

Please ensure

- you have signed and dated the application above
- you provide your SSN/TIN *or* complete a W-8

JOINT OWNER CHECKLIST

Please present us with

- your Passport *or* US Driver's License *or* government issued ID

Please ensure

- you have signed and dated the application above
- you provide your SSN/TIN *or* complete a W-8

CREDIT UNION USE ONLY

Member Number _____ Debit Card Number _____ Visa Card Number _____

Notes _____



Federally Insured by NCUA

Call: 617-253-2845 | Fax: 781-205-4880 | mitfcu.org

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service

▶ **For use by individuals. Entities must use Form W-8BEN-E.**
▶ **Go to www.irs.gov/FormW8BEN for instructions and the latest information.**
▶ **Give this form to the withholding agent or payer. Do not send to the IRS.**

OMB No. 1545-1621

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

Signature of beneficial owner (or individual authorized to sign for beneficial owner)	Date (MM-DD-YYYY)
Print name of signer	Capacity in which acting (if form is not signed by beneficial owner)