

JOINT ACCOUNT HOLDER

With Survivorship Without Survivorship

NAME _____
SSN/TIN _____
Address _____
City, State, Zip _____
Home Phone _____ Date of Birth _____
Employer _____ Dept _____
Work Phone _____ Cell Phone _____
E-mail _____

BENEFICIARY(IES), if other than above, to be paid upon death.

Beneficiary _____
Street _____
City _____ State _____ Zip _____
Beneficiary _____
Street _____
City _____ State _____ Zip _____

ACCOUNT SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on this application apply to all accounts listed below unless the credit union is notified in writing of a change.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:
(1) *The number shown on this form is my correct taxpayer identification number.*
(2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a 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. person (including a U.S. resident alien).*
Certification Instruction. Cross out item (2) above 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. Cross out item (3) and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to 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 access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____
Signature _____ Date _____
X _____
Signature _____ Date _____
X _____
Signature _____ Date _____

SVMC FEDERAL CREDIT UNION

St. Vincent's Medical Center Federal Credit Union
2800 Main Street
Bridgeport, CT 06606
203-576-5588
FAX 203-576-5855
ONCALL24 203-333-9079
www.svmcfcu.org

OFFICE HOURS

Monday, Tuesday, Wednesday
8:30 a.m. to 1:30 p.m.
and 2:15 p.m. to 4:00 p.m.
Thursday
8:30 a.m. to 4:00 p.m.
Friday
7:15 a.m. to 1:30 p.m.
and 2:15 p.m. to 4:00 p.m.

Products and Services

SAVINGS ACCOUNTS

- Share/Savings
- High Yield/Money Market
- Holiday Club
- Vacation Club
- Share Certificates

CHECKING ACCOUNTS

LOAN PRODUCTS

- New and Used Vehicle
- Home Equity Line of Credit
- Fixed Rate Home Equity
- Overdraft Line of Credit
- Debt Consolidation
- Share Secured
- Personal

OTHER

- Online Home Banking
 - Bill Payer
 - OnCall 24 Audio Response
 - ATM Cards/Debit Cards
 - Direct Deposit
 - Payroll Deduction
 - Money Orders
 - American Express Travelers Checks
 - Wire Transfers
 - Notary Public
 - Accidental Death/Dismemberment Insurance
 - Legal Service Plan
 - Amusement Park Discounts
 - Family Membership
 - The Credit Connection - Quarterly Newsletter
- Once a member, always a member*

Membership



Experience the Credit Union Difference

SVMC FEDERAL CREDIT UNION

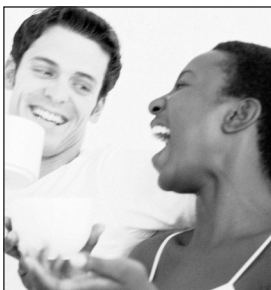
www.svmcfcu.org



Membership

Dear Future Member,

On behalf of St. Vincent's Medical Center Federal Credit Union, we would like to take this opportunity to invite you to join the credit union. Family accounts are also encouraged. Members of your family are eligible to join the credit union.



As a member of the credit union, you are part owner. Because we operate as a not-for-profit organization you benefit from every dollar earned. Part of this is conveyed in low cost loans and competitive dividend rates on savings just to name a few of the services your membership provides.

Once you are a member you also have a vote at every annual meeting to decide on the Board of Directors that will assist in governing the credit union in conjunction with its chief executive officer.

You will find many benefits and rewards with your credit union membership.

You'll always find something exciting offered at the credit union: specials on savings and loan rates, campaigns with prize drawings, new and enhanced services, news and activities. On an ongoing basis, we keep you informed through newsletters, statement inserts, mailings, website updates, product and service brochures and office postings. We make every effort to be sure you get the most out of your membership.

Please be sure to review the long list of financial products and services we offer in this brochure. And remember, membership is open not just to you, but your family as well. We have something to offer everyone.

Please join us.

The Staff at St. Vincent's Medical Center Federal Credit Union

www.svmcfcu.org

Who Can Join?

Employees, doctors, nurses, medical staff, technicians, volunteers of the following companies:

St. Vincent's Health Services
and the following subsidiaries:

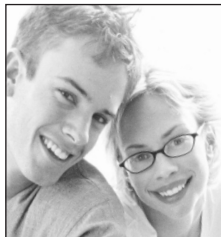
- St. Vincent's Medical Center, Bridgeport, CT
- St. Vincent's Special Needs, Trumbull, CT
- St. Vincent's College, Bridgeport, CT
- Hall Brooke Behavioral Services, Westport, CT
- Immediate Health Care, Various locations
- Robert D. Russo, MD & Associates, Various locations
- American Medical Response, Bridgeport, CT
- St. Joseph's Manor, Trumbull, CT
- Care One Management, Milford, CT (Golden Hill Health Care Center and West River Health Care Center)
- Medical Anesthesiology Associates, Shelton, CT
- AAA Nursing, LLC, Stratford, CT



Family members that are eligible to join include your spouse, children, parents, brothers, sisters, step-children, step-parents, grandchildren, grandparents and members of your household (persons living under your roof).

Joining is Easy!

Now that you've read all about the advantages and opportunities of credit union membership, we're sure you are ready to join us. Simply complete the attached membership application and drop it off or mail it to the credit union with a \$25.00 deposit and we'll take care of you from there.



Once a member, always a member. Leaving your place of employment does not affect your credit union membership.

We look forward to working with you.



MEMBERSHIP APPLICATION

YES, I/We would like to become a credit union member. A \$25.00 deposit is enclosed to open a Share Savings Account.

Please send additional information and/or the application forms for the following:

- Online- Home Banking
- ATM Card/Debit Card
- OnCall 24 Phone Access
- Direct Deposit / Payroll Deduction
- Share Draft (Checking) — with overdraft protection
- Share Certificate (CD)
- High Yield (Money Market)
- Other _____

PRIMARY ACCOUNT HOLDER

NAME _____

Member Number (To Be Completed by Credit Union) _____

SSN/TIN _____

Address _____

City, State, Zip _____

Home Phone _____ Date of Birth _____

Employer _____ Dept _____

Work Phone _____ Cell Phone _____

E-mail _____

Eligibility for Membership _____

JOINT ACCOUNT HOLDER

- With Survivorship
- Without survivorship

NAME _____

SSN/TIN _____

Address _____

City, State, Zip _____

Home Phone _____ Date of Birth _____

Employer _____ Dept _____

Work Phone _____ Cell Phone _____

E-mail _____

