## Holy Redeemer Credit Union Limited **Personal Member Identity Form**

A separate Form must be completed for each Joint Applicant, Authorized Signer, Parent or Guardian.

Please print responses clearly.

Account No.		Branch	☐ Belize	City Main	□М	lango Creek Branc	h	Date	
Account Type		New	☐ Exis	ting	☐ Re	opened		Individual	☐ Joint
		ccounts Only – you are the:			☐ Primary Member		☐ Secondary Member		
First Name			Middle Name		<u>I</u>		Last Name (as in	dicated on primary	(ID)
Alias (Another Name or Title known	by if any)		Maiden Name	!		Gene		Minor	
						☐ Male		☐ Female	☐ Yes ☐ No
Marital Status									
☐ Single	☐ Single ☐ Common Law		☐ Married			] Divorced	☐ Separated ☐ Widowed		
Date of Birth			Country of Residence		:		Country of Birth		
FATCA (Classification of	Taxpayers fo	r U.S.A. Tax Pu	ırposes)						
A USA Resident for tax purpose is defined as someone who spends more than 183 days in the USA under the Substantial Presence Test.									
Are you a USA Citizen or Resident for tax purposes? (if Yes, a W-9 form must be filled).			☐ Yes	□ No	If "Yes", provide TIN/Social Security No.  ☐ USA Citizen ☐ USA Resident for tax purpose  TIN/SSN			N	
Do you have Multiple Citizenships?			☐ Yes	□ No	If "Yes", name countries below.				
1.			2.			3.			
CRS (Tax Residency)									
Based on the Common Reporting standard (CRS), local law requires financial institutions to identify customers' tax residence. CRS also requires financial institutions to report financial accounts to the local tax authority, where the account holder is tax resident in a foreign country that participates in CRS.									
Tax Resident Country	(where you	are liable to	pay incom	e taxes)					
Tax Identification Nur	nber ( <b>TIN</b> )								
Residential Address									
Mailing Address									
Mobile No. Work No.				Home	Home No.		Fax No.		
Email Address					Retire	Retired: Yes No		Self - Employed: ☐ Yes ☐ No	
Employment Inform	nation								
Employer/Pension Received From (			Position/	Position/Job Title/Trade					
Employment Address					<u> </u>				
Source of Funds	T								
Monthly Salary/Pension	۱ \$		ı		Estima	ated Monthly Sav	ings	\$	
Annual Salary/ Pension		000.00 and nder	_	tween \$20,0 \$50,000.00		☐ Between \$ \$100,00	50,000.01 - 0.00	☐ Mo	ore than \$100,000.00

Account No.							
Additional Source(s) of Income - Description/Particulars of Additional Sources of Income							
1.							
2.							
3.							
Monthly Amount of Additional Source(s)	\$	Purpose of Account					
Disclaimer							
Money Laundering and Terrorism Prevention Laws of Belize require HRCU Ltd. to disclose upon request membership and account information to its Anti-Money Laundering Regulators and Law Enforcement Agencies.  The Foreign Account Tax Compliance Act (FATCA) requires all participating foreign financial institutions to verify all United States of America account holders that are specified United States of America persons. FATCA provisions require HRCU to report directly to the IRS information about financial accounts held by U.S.A. Citizens and Taxpayers. USA Citizens or Permanent Residents for tax purposes must also fill a W-9 form.  CRS is the Common Reporting Standard under which governments around the world have introduced a new information gathering and reporting requirements for financial institutions. Under the CRS, we are required to determine where you are "Tax Resident". If you are tax resident outside the country/jurisdiction where your account is held, we may need to give the national tax authority this information, along with information relating to your accounts. That may then be shared between different countries/jurisdictions							
tax authorities.  Even if you have already provided information in relation to FATCA, you may still need to provide additional information for the CRS as this is a separate regulation.							
Declaration and Signatures							
I declare that I have examined the information provided in this form and I certify that the information is accurate and complete to the best of my knowledge and belief. I declare to promptly inform and submit updated documentation to HRCU within 30 days about any changes in circumstances which causes any of the information contained in this form to be inaccurate or incomplete. I also give consent to HRCU and its authorized officers to disclose information provided herein and information regarding income paid							

or credited to or for the benefit of the account(s) to which this form relates, may be reported to tax or other governmental authorities and that those parties may provide the information to the country or countries in which the account owner is resident for tax purposes.

Print Name	Signature	Date (e.g. January 1, 2016)				
x	x	x				
Official Use Only						
Information Taken by:						
Print Name	Signature	Date (e.g. January 1, 2016)				
Х	X					
Information Authorized by: (if needed)						
rint Name	Signature	Date (e.g. January 1, 2016)				
X	x					
<del></del>	, ·					