Note: Print this page and sign in ink (by pen). <u>Before signing this page please call an EFCU</u> <u>employee to witness this signature.</u> (If you can't print then write all information in plain paper as appeared in this page.)

यो फारम EFCU का कर्मर्चारिको रोहबरमा सहि छाप गर्नु पर्दछ।

I/we, as name listed below, hereby confirm the following initial shares subscription in Everest Federal	
Credit Union.	
Number of Shares (share price \$25 each) x \$	\$25 =Share Deposit \$
Chk# ACH: Received by:	
Cash:	Onetime entrance fee: \$25.00 .
EFCU Receipt# Signature	
Member # Date:	
(ब्यापारिक खाताका लागि): Business Email:	
Business Name:	EIN#:
व्यक्तिगत खाता र हस्ताक्षेर कर्ताः	
Name (1st Signer):	
Social #	Date of Birth:
Mother's Median Name:	Phone#:
Address:	Email:
Retype Email:	
If it is joint account/signer (संयुक्त खाताका लागि)	
Name (2nd Signer):	
Social #	Date of Birth:
Mother's Median Name:	Phone#:
Address:	_ Email:
	Retype Email:
I/We have received copies of the rules and regulations governing this account and disclosures explaining the	
rights and responsibilities of the depositor and Everest FCU. [Sign based on Name order listed on the top:]	
•	Again 1st.
(संयुक्त खातावाला भएमा)	
Signature 2nd: Sign Again 2nd	
Name & Position of Authorized witnessed [Staff/Officer/Agent/Board/C	ommittee]: Signature:
Name: Position:	X

Everest Federal Credit Union

Sponsor Organization or Individual (if any):_____

Phone: 718-806-1419; Email: info@everestfcu.org