



**NATIONAL INSTITUTES OF HEALTH
FEDERAL CREDIT UNION**

P.O. Box 6475

Federal Credit Union Rockville, MD 20849-6475

**MEMBERSHIP APPLICATION
AND AGREEMENT
(ACCOUNT CARD)**

Member Number:

Important Information About Opening New Accounts: To help the government fight terrorist funding and money laundering, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account we need your name, address, date of birth and other information about you. We will need a legible photocopy of your driver's license, state-issued ID card, military ID or passport; and a work ID. Students must supply a copy of their student ID.

HOW TO OPEN AN ACCOUNT WITH NIH FEDERAL CREDIT UNION

To expedite your Membership, please review the following check list:

- Complete a Member Application & Agreement
- Return with at least \$25.00 to open a share savings account. (Required for Membership)
- If requesting a checking account, enclose an additional initial deposit of at least \$20.00. Please review minimum balance requirement and fall below fee information at www.nihfcu.org
- Return a legible photocopy of one (1) of the following:
 - A Valid Driver's License
 - State Issued Non-Driver's Identification
 - Military ID
 - Passport
- Return a legible photocopy of your valid student/work ID

PRIMARY MEMBER OR MINOR'S INFORMATION

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Survivorship Trust Minor

Member/Owner:	SSN/TIN:	
Street:	Driver's Lic. No:	State:
City/State/Zip:	Date of Birth:	
E-mail:	Membership Eligibility:	
Home Phone:	Work Phone:	Mother's Maiden Name:
Employer and Occupation:	Password:	

(Optional: Maximum of 10 characters. Used for verbal Identification.)

JOINT OWNER OR CUSTODIAN INFORMATION

Joint Owner:		
Street:	SSN/TIN:	Date of Birth:
City/State/Zip:	Driver's Lic. No.:	State:
Home Phone:	E-mail:	
Work Phone:		
Employer and Occupation:		

Joint Owner:		
Street:	SSN/TIN:	Date of Birth:
City/State/Zip:	Driver's Lic. No.:	State:
Home Phone:	E-mail:	
Work Phone:		
Employer and Occupation:		

ADDITIONAL ACCOUNT INFORMATION

Payable on Death (POD) Account

POD Payee: _____	POD Payee: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____

CONVENIENCE ACCOUNT

Print Name of Convenience Person: _____

Signature: _____ (date)
Other: _____ See Account Authorization Card

ACCOUNT TYPE

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

<input type="checkbox"/> Share/Savings (\$25 balance required for membership)	Suffix * _____	<input type="checkbox"/> Money Market	Suffix * _____
<input type="checkbox"/> Share Draft/Checking Freedom Basic Plus Premier	_____	<input type="checkbox"/> Holiday Account	_____
<input type="checkbox"/> Share Certificate	_____	<input type="checkbox"/> Other	_____

* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

CheckLink VISA Check Card:
 ATM Card:
 CU@Home Online Banking + Access 24 Telephone Banking:
 Other:
 Payroll Deduction/Direct Deposit may be available through your employer. Please contact an NIH FCU associate for more details.

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Maryland Uniform Transfers to Minors Act, I designate _____ successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

Signature of Custodian: _____ Date: _____
 Witness: _____ Date: _____

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 (or I am waiting for a number to be issued),
- (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 Instructions. If you are not a U.S. person and/or you do not have a Tax Payer Identification Number, please complete a W-8 BEN form. If you are a U.S. person and you do not have a Tax Payer Identification Number, please complete a W-9.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, 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 and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1) <input checked="" type="checkbox"/>	Signature _____	Date _____	(3) <input checked="" type="checkbox"/>	Signature _____	Date _____
(2) <input checked="" type="checkbox"/>	Signature _____	Date _____	(4) <input checked="" type="checkbox"/>	Signature _____	Date _____

AGENTS — The individual signing above on line _____ is signing as: Power of Attorney (agreement on file) Parent/Guardian
 A Successor Trustee of a UTMA Account

FOR CREDIT UNION USE ONLY

Credit Report Check Verification PIN Request Trust Agreement CU @ Home Online Banking/Access 24 Sponsor Code

Member Identification		ChexSystems Report:
ID Number 1 _____	ID Number 2 _____	Year SSN issued _____
Type: _____	Type: _____	State SSN issued _____
Place of Issue: _____	Place of Issue: _____	No Record <input type="checkbox"/> Record <input type="checkbox"/>
Number: _____	Number: _____	Sponsor Code: _____
Expiration Date: _____	Expiration Date: _____	
Type of ID Verification: _____	Type of ID Verification: _____	
Associate Print Name: _____	Branch Number: _____	Date Opened: _____