

# Membership Application

**PO Box 6475, Rockville, MD 20849-6475**

**USA PATRIOT ACT NOTICE:** To help the government fight funding of terrorism and money laundering activities, 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 will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying documents.

**PRIMARY MEMBER** (PLEASE PRINT - All items must be completed)

Select type of account		Individual	Joint
Last Name		First Name	Middle Name
Current Address		City	State      Zip code
Mailing Address (if different from Current Address)		City	State      Zip code
Home Phone Number		Cell Phone Number	Personal Email Address
Current Employer		Employer's Address (Street, City, State, Zip code)	
Business Phone Number/Ext.		Work Email Address	Occupation
Birth Date (Month/Day/Year)		City of Birth	Mother's Maiden Name
Taxpayer ID/Social Security Number:		You are a: U.S. Citizen      Lawful permanent U.S. resident ( <i>W8 required for Foreign Status</i> ) Other (please describe)	
Are you a senior foreign political figure or a close associate of a senior foreign political figure?		Yes	No
Is foreign wire activity anticipated on accounts to be established under this membership?		Yes	No
If you would like for your account to be password protected, please provide a password up to 10 characters. (Optional)			
Which best describes your NIH Federal Credit Union member eligibility:			You are a: Homeowner      Renter Other
Note: * If eligible via family relationship, an NIHFCU Sponsorship Letter from the primary member is required. ** If other, please indicate eligibility here			

**JOINT OWNER IF DESIRED** will co-own with member on all accounts established under the membership number associated with this application, as joint tenant with right of survivorship, other than IRAs.

Last Name		First Name	Middle Name
Current Address		City	State      Zip code
Mailing Address (if different from Current Address)		City	State      Zip code
Home Phone Number		Cell Phone Number	Personal Email Address
Current Employer		Employer's Address (Street, City, State, Zip code)	
Business Phone Number/Ext.		Work Email Address	Occupation
Birth Date (month/day/year)	City of Birth	Mother's Maiden Name	Relationship to Primary Member
Taxpayer ID/Social Security Number:		Is joint owner a: U.S. Citizen      Lawful permanent U.S. resident ( <i>W8 required for Foreign Status</i> ) Other (please describe)	
Is joint owner a senior foreign political figure or a close associate of a senior foreign political figure?		Yes	No
Is foreign wire activity anticipated on accounts to be established under this membership?		Yes	No

**ACCOUNT SELECTION** (select all that apply)

Each account opened on this application will have the same core member number and owner(s).

- |   |   |                                 |
|---|---|---------------------------------|
| Loan Account (separate application required)                        | Savings (\$25 minimum to establish membership)        | Checking (\$20 minimum to open) |
| Money Market  | Traditional Certificate Term:                         | An additional form is required. |
| IRA Savings (\$25 minimum to open) *                                | IRA certificate *                                     | Term:                           |
|   | *An additional form is required to open IRA accounts. |                                 |
| I want to establish Direct Deposit. An additional form is required. |   |                                 |

**ELECTRONIC SERVICES - APPLICANT REQUESTS ALL SERVICES AVAILABLE EXCEPT THOSE CHECKED BELOW**

I do not want an ATM card

I do not want a VISA® Platinum Debit Rewards Card

I do not want to enroll in Online Banking

I do not want to enroll Access 24 - automated telephone banking

For your convenience and to help conserve environmental resources, your account will be automatically set up to receive electronic statements that can be accessed anytime through online banking.

No thank you. I prefer to receive paper statements in the mail.

**CHECKING OVERDRAFT PLANS** (complete only if Checking Account is selected)

I want NIHFCU to cover checking overdrafts by transferring available funds from my Savings.

I want NIHFCU to cover checking overdrafts by advancing available credit from my NIHFCU personal credit line \*

\* I understand I must complete an application and be approved for a credit line. If I authorize more than one of the above Overdraft Protection Plan types, NIHFCU may decide the order in which to access Plans to cover overdrafts.

The form "What You Need to Know About Overdrafts and Overdraft Fees" must also be completed before a checking account can be opened.

**PAY-ON-DEATH BENEFICIARIES**

Persons listed here, if any, will receive proceeds of all accounts held under the assigned member number, other than IRAs, in equal shares unless otherwise indicated, upon the death of (a) the owner if the account(s) have one owner, or (b) the death of the last owner if the account(s) have more than one owner.

Name (first & last)	Address (Street, City, State, ZIP)	Taxpayer ID/ Social Security Number	Percentage
Name (first & last)	Address (Street, City, State, ZIP)	Taxpayer ID/ Social Security Number	Percentage

**MEMBERSHIP APPLICATION AND AGREEMENT**

By signing this application and submitting it to the NIH Federal Credit Union (NIHFCU), or by submitting this application to NIHFCU electronically:

- The person identified as "MEMBER," if not already an NIHFCU member, applies for membership and certifies under penalty of perjury that the membership eligibility statement is accurately completed.
- I agree to abide by applicable law and NIHFCU's bylaws in all dealings with NIHFCU.
- NIHFCU is authorized to check my credit and account history (Credit Report), and verify information on this application.
- This application constitutes my request for the services indicated on this application and my continuing authorization to open accounts for me under my NIHFCU membership upon my oral or written request and deposit of funds.
- If a joint owner is indicated, all accounts established under this membership other than IRA Accounts will be joint ownership with right of survivorship. Joint owners are equally responsible with members, jointly and individually, for complying with all terms of all agreements with NIHFCU.
- I acknowledge receipt of the NIHFCU Member Handbook, the Truth in Savings Disclosure applicable to any accounts I have opened, and Fee Schedule and consent to their terms as amended from time to time by proper legal notice to me.
- I agree that if I become indebted to NIHFCU in any way, including by use of plastic cards or by overdrawing my account(s), if I do not pay what I owe according to my agreements, you can take any funds voluntarily deposited to NIHFCU accounts in which I have an interest to recover all or part of what I owe without notice and without waiving other collection rights. This consent applies to all voluntarily deposited funds, including funds that may otherwise be exempt from creditor's remedies, such as social security direct deposit, unless prohibited by law or the share agreement. This consent is in addition to any right of the Credit Union to impress a lien on my shares the Federal Credit Union Act.
- Substitute W-9 Taxpayer ID Certification: Official IRS W-9 instructions may be requested from an NIHFCU staff member or, if applying online, visit <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain instructions. I declare under penalty of perjury that : (a) I am a U.S. Citizen/Person (including resident alien); (b) the taxpayer ID number provided on this application is correct and; (c) I have never been notified by the IRS that I am subject to backup withholding due to failure to report dividends or interest or I have been notified by the IRS that I am no longer subject to backup withholding. The IRS does not require my consent to any term of any agreement with the Credit Union other than the certifications required to avoid backup withholding.**

If this box is checked, I am subject to backup withholding.

If this box is checked, I have provided the Credit Union with a W-8 and will provide the Credit Union with a W-9 form when I receive a US taxpayer ID number.

Member Signature	Date	Joint Owner Signature	Date
<b>Submit this application accompanied by required identification and initial deposit(s) to:</b>			
<b>By Mail:</b>	NIH Federal Credit Union Attention: New Accounts P.O. Box 6475 Rockville, Maryland 20849-6475 <i>(please do not enclose cash)</i>		
<b>In Person:</b>	Visit any NIH Federal Credit Union branch location. For a list of branches visit <a href="http://www.nihfcu.org">www.nihfcu.org</a>		

**NIHFCU INTERNAL USE ONLY****MEMBER NUMBER:**

Online Banking/Access 24 – PIN	Credit Report Primary Member	Yes	No	Check Verification Primary Member - Record	Yes	No
Overdraft protection plan	Credit Report Joint Owner	Yes	No	Check Verification Joint Owner - Record	Yes	No
	Sponsorship Letter: NA	Yes	No	Copy of IDs obtained	Yes	No

**Primary Member Verification**

Official ID Type:  
ID Number:  
Place of Issue:  
Expiration Date:  
Second ID Type:  
ID Number:  
Expiration Date:

**Joint Owner Verification**

Official ID Type:  
ID Number:  
Place of Issue:  
Expiration Date:  
Second ID Type:  
ID Number:  
Expiration Date:

Employee's Name:  
(Print Name Here)  
  
Branch Number:  
  
Date Account: