LETTER OF SPONSORSHIP

To be eligible for sponsorship, the applicant must have one the following relations with the sponsoring member:

- Spouse
- Sibling or Step-Sibling
- Child or Step-Child
- Parent or Step-Parent
- Grandparent
- Grandchild
- Those with adoptive relationships
- Those living in and sharing joint financial responsibilities of the sponsoring member's household

Sponsor's Name:	Sponsor's NIHFCU Member #
Sponsor's Daytime Phone #:	Sponsor's Email Address:
Applicant's Relationship to Sponsor/Member:	[ ] This Applicant **is not** an immediate family member but shares joint financial responsibility for the sponsoring member's household.
Applicant's Name:	Applicant's Daytime Phone #:
	Applicant's Email Address:

By signing, I certify under penalty of perjury that the information on this Letter of Sponsorship is truthful and accurate.

Sponsor/Member's Signature:	Date:

This document must be notarized if the sponsoring member is not present during the time of account opening or if the NIHFCU Representative cannot obtain sponsorship verification from the member. Complete this section inclusive of a Notary Seal.

I hereby certify that on this _____ day of _____, 20_____, before me, the undersigned officer, a Notary Public of the State of _____, in and for _____ County or City, personally appeared _____ whose name is subscribed to this document and did acknowledge that (s)he executed the same for the purposes therein contained.

Notary Public Name (print):	*Notary Seal here*
Notary Public Name (signature):	
Commission Expiration Date:	

Please submit this form with one of the following options: *(* indicates notary required)*

- **By Mail *:** NIH Federal Credit Union, Attention: Member Support Center, PO Box 6475, Rockville, MD 20849-6475
- **By Email *:** Visit nihfcu.org/contact to "send us a secure message"
- **In person:** Stop by any NIHFCU branch location

CREDIT UNION USE ONLY

Sponsor verification – In presence of: [ ] NIHFCU Representative [ ] Verification By Phone [ ] Notary

Sponsor/Member's Identification Type:	Identification #:	Place of Issuance:	Expiration Date:

Member Number assigned to Applicant: _____

NIHFCU Representative's Signature:	Initials:	Date: