Membership Application

P.O. Box 6475
Rockville, MD 20849-6475

To help the government fight the 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.

APPLICANT INFORMATION

ACCOUNT TYPE: ☐ INDIVIDUAL ☐ JOINT OWNER – With Survivorship ☐ TRUST - Original or True copy of Trust ☐ MINOR

LAST NAME | FIRST NAME | M.I.

STREET ADDRESS (do not use PO Box) | CITY/STATE/ZIP

HOME PHONE | WORK PHONE | CELL PHONE

SOCIAL SECURITY OR TAX ID # | DATE OF BIRTH | EMAIL ADDRESS

Driver's License, Military or State issued ID # | STATE | ISSUE DATE | EXPIRE DATE

EMPLOYER | OCCUPATION Select One | MOTHER'S MAIDEN NAME

MEMBERSHIP ELIGIBILITY

☐ NATIONAL INSTITUTES OF HEALTH:

☐ EMPLOYMENT, MEMBERSHIP OR STUDENT RELATIONSHIP WITH AN NIHFCU AFFILIATED ORGANIZATION:

☐ IMMEDIATE FAMILY OF A CURRENT NIHFCU MEMBER. My relation to the is:

☐ NONE OF THE ABOVE. I accept a no-cost membership to the AMERICAN CONSUMER COUNCIL (ACC) to become eligible for NIHFCU membership. I authorize NIHFCU to share my name, address, email address and phone # with the ACC to complete my no-cost ACC membership.

ACCOUNTS TO OPEN WITH THIS NEW MEMBERSHIP

☐ CAREFREE CHECKING ☐ TOTAL CARE CHECKING

[ ] *Check here to decline a debit card*

Intiial deposit $ ($0 required to open)

☐ SHARE/SAVINGS

☐ OTHER

JOINT OWNER INFORMATION

LAST NAME | FIRST NAME | M.I.

STREET ADDRESS (do not use PO Box) | CITY/STATE/ZIP

HOME PHONE | WORK PHONE | CELL PHONE

SOCIAL SECURITY OR TAX ID # | DATE OF BIRTH | EMAIL ADDRESS

Driver's License, Military or State issued ID # | STATE | ISSUE DATE | EXPIRE DATE

EMPLOYER | OCCUPATION | MOTHER'S MAIDEN NAME

SIGNATURE(S)

BY signing below, you are certifying that the information contained on both pages of this application is true and that you understand and agree to the disclosures contained herein

SIGNATURE OF PRIMARY OWNER | DATE | SIGNATURE OF JOINT OWNER | DATE

Please continue to next page to make beneficiary designations and for other important information

BENEFICIARY DESIGNATIONS

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)	Social Security/Tax ID #	Percentage
1.				
2				

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. Unless otherwise checked below, 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.

Primary Owner:

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

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

Joint Owner:

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

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

If other than the Primary Account Owner, the individual signing below is signing as:

☐ Power of attorney (agreement on file) ☐ Parent/Guardian ☐ Successor Trustee of a UTMA Account (Agreement on file)

SIGNATURE

DATE

By signing this application and submitting it to the NIH Federal Credit Union (in paper form or electronically) each person named above agrees that:

1) all information in this application is true, accurate, and complete; 2) you will abide by applicable law and NIHFCU's bylaws; 3) NIHFCU is authorized to check your credit and account history and verify information in this application; 4) this application is your request for the services indicated on this application and your continuing authorization to open accounts for you under your NIHFCU membership; and 5) you received the NIHFCU Member Services Agreements and Disclosures, including applicable Truth in Savings Disclosure and Fee Schedule.

To submit this application by mail, send to:

NIH Federal Credit Union, Attention: New Accounts, P.O. Box 6475, Rockville, Maryland 20849-6475

Please include the following:

*check or money order to fund any of the selected accounts - **do not** enclose cash*

Legible copy of Driver's license (or Military or State issued ID)

Proof of employment at indicated employer (i.e. work ID, recent pay stub).

NIHFCU Use Only **Member #:**

Application received: *Account Opening:*

☐ In person ☐ By mail ☐ Referral Form - Code:

☐ BD event- Employee's name:

Date Account Opened: Branch/Department #:

Account Opened By - Employee's Initials: Status: Select One

Workplace ID verified: Select One

Driver's License, Military or State issued ID verified: Select One

ID/Application Address Match: Select One