

Phone: 703.914.8700 or 540.986.0652  
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 infirstfcu.org

## MEMBERSHIP APPLICATION & AGREEMENT

<b>Share Type(s):</b>	<input type="checkbox"/> Savings/Share <input type="checkbox"/> Ultimate Checking <input type="checkbox"/> Unlimited Checking	<input type="checkbox"/> Share Certificate <input type="checkbox"/> Winter Holiday Club <input type="checkbox"/> InFirst Custom Club	<input type="checkbox"/> Youth Savings <sup>1</sup> <input type="checkbox"/> Youth Share Certificate <sup>1</sup> <input type="checkbox"/> Teen Checking <sup>1</sup>	<input type="checkbox"/> Money Market <input type="checkbox"/> IRA <input type="checkbox"/> Custodial <sup>2</sup>	<input type="checkbox"/> Special Savings <input type="checkbox"/> IRA Certificate
<b>Account Ownership:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Trust	<sup>1</sup> Joint Ownership With Adult Required <sup>2</sup> Adult Custodian Required			

**Joint Account:** If You are establishing a Joint Account, please check only one box below and sign where applicable:

<input type="checkbox"/> <b>Joint Account with Survivorship</b> <i>(On the death of a party to the Account, the deceased party's ownership in the Account passes to the surviving party or parties to the Account.)</i>	<input type="checkbox"/> <b>Joint Account – No Survivorship</b> <i>(On the death of a party to the Account, the deceased party's ownership in the Account passes as part of the party's estate under the party's will, trust, or by intestacy.)</i>
Signature _____	Signature _____
Signature _____	Signature _____
Signature _____	Signature _____

### IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

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.

What this means for You: When You open an Account, We will ask You 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 or other identifying documents.

**Primary Owner Information**     Member     Trust     Other    Specify: \_\_\_\_\_    Are You a Non-Resident Alien?     Yes

Describe Membership Eligibility				Organization #		
Name: Prefix - Optional (Mr., Ms., Mrs.)		First	Last		M.I.	Suffix
Physical Address			Apt/Box	City	State	Zip
Mailing Address (if different)			Apt/Box	City	State	Zip
Home Telephone	Cellular Telephone	Business Telephone		E-Mail Address		Birth Date
Social Security Number	Driver's License Number/State/Exp. Date	Employer		Occupation	Mother's Maiden Name	
<b>If eligible through a family member include the following:</b>						
Member's Name		Relationship	Account #	Signature		

**Additional Signer 1 Information**     Joint Owner     Trustee     Custodian     Other    Specify: \_\_\_\_\_    Relationship to Member: \_\_\_\_\_

Name: Prefix - Optional (Mr., Ms., Mrs.)		First	Last		M.I.	Suffix
Physical Address			Apt/Box	City	State	Zip
Mailing Address (if different)			Apt/Box	City	State	Zip
Home Telephone	Cellular Telephone	Business Telephone		E-Mail Address		Birth Date
Social Security Number	Driver's License Number/State/Exp. Date	Employer		Occupation	Mother's Maiden Name	

**Additional Signer 2 Information**     Joint Owner     Trustee     Other    Specify: \_\_\_\_\_    Relationship to Member: \_\_\_\_\_

Name: Prefix - Optional (Mr., Ms., Mrs.)		First	Last		M.I.	Suffix
Physical Address			Apt/Box	City	State	Zip
Mailing Address (if different)			Apt/Box	City	State	Zip
Home Telephone	Cellular Telephone	Business Telephone		E-Mail Address		Birth Date
Social Security Number	Driver's License Number/State/Exp. Date	Employer		Occupation	Mother's Maiden Name	

### Payable-On-Death Account Beneficiary Designation (Do not complete this section unless opening a Payable-On-Death

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____	Address _____	SSN _____	DOB _____	Percentage _____
Name _____	Address _____	SSN _____	DOB _____	Percentage _____

## Electronic Services

You are requesting the convenience of 24-hour access to Your Credit Union Account with ATM Card, VISA Check Card, Audio Teller, Online Banking, and/or Mobile Banking, in conjunction with a Personal Identification Number (PIN) or Access Code. Your ATM Card and VISA Check Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines. Your VISA Check Card will also allow You to pay for services and purchases directly from Your checking account.

You would like:

- ATM Card (savings only)     VISA Check Card     Audio Teller     Online Banking     Mobile Banking

## Request to Receive Electronic Documentation

*If this box is checked, You request that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation Disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.*

## Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; and (2) that unless You have indicated to the contrary, You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding, or You are exempt from backup withholding; (3) unless You have indicated to the contrary, You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

- You are subject to backup withholding     You are a foreign person and not a U.S. resident alien (complete W-8BEN)

## Revocable Living Trust

You hereby certify that:

- (1) This is a revocable trust. Name of Trust \_\_\_\_\_;  
(2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds;  
(3) The Trust Agreement appoints:

\_\_\_\_\_ as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

- (4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You indemnify Us from any liability and costs We may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this account to the living trust named above.

**You agree to be bound by the terms and conditions of this Account with InFirst Federal Credit Union and the Credit Union's bylaws, rules and regulations in effect from time to time.**

**Lien Impressionment and Set-Off.** You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

\_\_\_\_\_  
Signature of Settlor/Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

## Signatures

You hereby apply for membership with InFirst Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of InFirst Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information (e.g. a consumer credit report). In addition to establishing a Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for InFirst Federal Credit Union to follow Your written instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

**The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

\_\_\_\_\_  
Primary Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Signer #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Signer #2 Signature

\_\_\_\_\_  
Date

## Credit Union Use Only

\_\_\_\_\_  
Membership Officer    \_\_\_\_\_  
Date Approved    \_\_\_\_\_  
Membership Number

Date of Membership \_\_\_\_\_    Opened by \_\_\_\_\_    Photo ID Verified: \_\_\_\_\_

\_\_\_\_\_  
ID Verified    \_\_\_\_\_  
Credit Report    \_\_\_\_\_  
Agreements and Disclosures Provided

\_\_\_\_\_  
OFAC    \_\_\_\_\_  
How Applicant(s) Heard of Credit Union

\_\_\_\_\_  
ChexSystem/Qualifile    \_\_\_\_\_  
Rate Supplement and Fee Schedule Provided