			eral Credit Union	~	Membership
	RTP Federal Credit Union		12807, RTP, NC 27709	9	
	Life is full of possibilities. Get your	share. (919) 941	1-5700		Application
with: 1) your v applicable) and submit your applicable of signature(s) of Please do not Please fill out	nembership, complete this application and bring valid driver's license or passport, 2) verifica and 3) an initial minimum deposit of \$25 (che pplication by mail to RTP Federal Credit Union on all applications returned by mail, and you mu t mail cash. this form in its entirety. If you are unsure how to 00. Returning incorrect, incomplete or unsigned	ation of employment o ecks payable to RTP Fea n, P.O. Box 12807, RTP, ust include a photocopy to fill out this form, pleas	or association membership ( deral Credit Union). You may NC 27709. We require notaria of your driver's license/passp se call RTP Federal Credit Un	also ized port.	Check One: US Citizen Resident Alien Non-Resident Alien
	MEMBER APPLIC	CATION AND OV	WNERSHIP INFOR	MATION	
Member/O	wner:	N	1ember Number:		(Credit Union
			SN/TIN:		
	Zip:				ateExp
	ne:				
	ne:				
	or Membership:		Secure Word:		
laundering act What does th to identify you opened. <u>We m</u>	<b>INFORMATION ABOUT PROCEDURES FOR</b> tivities, Federal law requires all financial institu <b>his mean to you?</b> When you open an account, u. We may also ask to see your driver's license <b>may report information about your account</b> <b>cted in your credit report.</b>	utions to obtain, verify, and t, we will ask you for you e or other identifying doc	nd record information that ide ar name, address, date of birth cuments. If we are unable to ve	entifies each p h, and other ir rerify your ider	person who opens an account. Information that will allow us ntity, the account will not be
		ACCOUNT OW	NERSHIP		
Designate t	the ownership of the accounts and re				
			SELVICES requested.		
	s have Rights of Survivorship unless you provide	•	tions not to elect rights of surv	vivorship on tr	ne account(s). Upon the death
of one joint ow	wher, the surviving owner(s) will have equal rigit. If a survivorship option has not been indicated	hts of ownership. The b	alance in the account(s), exclu	luding IRA Ac	counts, belongs to the surviving
Joint Own	er #1:		TN:		
Street:		DL #: _		State_	Exp
City/State/Z	Zip:	Date o	of Birth:		
Home Phor	ne:	Email:			
	ne:		hone:		
	er #2:		-IN:		
	Zip:		of Birth:		
	ne:				
	ie:		hone:		
		ACCOUNT			
	erms, conditions, form of account own ccounts listed below unless the credit Suffix:		writing of a change.	ation indica	ated on this card apply to Suffix:
□ Share/Sav		Vacation Club	Suffix:	angle Teens	
	ecking/Share Draft	Christmas Club		-	s Share Draft
	Checking/Share Draft	□ Share Certificate			
□ Money Fu	-			ungiorado	
		ACCOUNT SE			
-	Deduction/Direct Deposit		Debit Card		
Overdrat	ft Protection (indicate transfer priority		Touch Tone Teller		
			Other		
	anking				

## ACCOUNT DESIGNATIONS

**Payable on Death (POD):** All accounts Designate specific account(s): If you would like to establish your account as a Payable-on-Death Account and you would like to designate beneficiary(ies), please fill in the appropriate section(s) below. The account owner(s) reserve the right to change or revoke this designation at any time. If you're naming only one beneficiary, put 100% in the space provided. If you're naming more than one beneficiary, please indicate what percentage each is to receive. The total must equal 100%. 
 Beneficiary/POD Payee:
 \_\_\_\_\_\_%

 SS #
 \_\_\_\_\_\_\_
 DOB
 \_\_\_\_\_\_%

 Beneficiary/POD Payee:
 \_\_\_\_\_\_%

 SS #
 \_\_\_\_\_\_%
 Street: Street: City/State/Zip: City/State/Zip: Beneficiary/POD Payee: \_\_\_\_\_% Beneficiary/POD Payee: \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_\_ Street: \_\_\_\_\_ Street: City/State/Zip: City/State/Zip: Personal Agent Account. (G.S. 54-109.63) I understand that by establishing a personal agency account under the provisions of N.C.G.S. 54-109.63 that the agent named in the account may 1) sign checks drawn on the account: and 2) make deposits into the

Print Name of Agent:			
SS#			
Signature:		Date:	
🗖 All Accounts 🗖 Designate specific acc	count(s):		
UTTMA/UGMA (as custodian for:			
under the Uniform Transfers/Gifts to Minors Act)	Minor's TIN/SSN:	Minor's DOB:	
Custodian Name:	Successor to Custodian:		

account. I also understand that upon my death, the money remaining in the account will be controlled by my will or inherited by my heirs.

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

## Under penalties of perjury, I certify that:

(1)	The	number	shown	on this	form i	is mv	correct	taxpaver	identification	number

(2) I am not subject to backup withholding because: (a) I am exempt from 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. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

# MEMBERSHIP APPLICATION AGREEMENT

Applicants certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. By signing below, you acknowledge receipt and agree to be bound by any terms and conditions of the following: Membership Application, Terms and Conditions of Your Account, Truth-in-Savings, Common Features and Fees, Funds Availability Policy, and to any other separate account/ service applications or agreements as amended from time to time. If an access card or electronic service is requested and provided, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You also agree: (a) that the credit union may obtain your credit report for the purposes of verifying the information on this Account Card, determining your eligibility for the account, credit or service(s) noted on this Account Card and identifying additional credit union products and services to offer to you; (b) that the credit union may obtain your credit report at a later time for the purposes of reviewing and collecting on the account, credit or service(s) noted on this Account Card; (c) that the credit union may tell others about its credit experience with you and obtain information from others about your credit history and performance. Joint owners are equally responsible, jointly and individually, for complying with all terms of all agreements and policies of RTP FCU. If a joint owner is indicated, all accounts established under this membership, except IRA Accounts, will be a Joint Account with Right of Survivorship unless you provide us with written directions not to elect rights of survivorship on the account(s). Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the credit union, including fees, charges, loans and credit cards that I have with you, unless otherwise disclosed in the Terms and Conditions of Your Account disclosure.

X		X			
Signature Date		Signature (Joint Owner/If Applicable)	Date		
		X	Date		
* If you open an account by mail, you	are required to have your sig	nature notarized.			
	THIS SECTION - C	CREDIT UNION USE ONLY			
Date of Membership: Verified by:		Opened/Approved by: Member			
Touch Tone Teller Pin #:					
VISA Check Card #:		Approved Denied Reason:			

VISA Check Card #:	Approved	Denied	Reason:	
ATM Card #:		Denied	Reason:	
ChexSystems Record:  Yes  No	If Yes, manager's approval:			