

APPLICATION FOR MEMBERSHIP



NRL Federal Credit Union

TRUSTED PARTNERS FOR LIFE

5440 Cherokee Avenue, Suite 200 • Alexandria, VA 22312

301-839-8400 • 800-526-6661

FAX: 703-916-9622

nrlfcu.org

INDIVIDUAL ACCOUNT

JOINT ACCOUNT

TYPE OF ACCOUNT DESIRED (Check all that apply)

GOLD PACKAGE* Includes automatic application for:
 • Savings • Checking • Online Access
 • InstaCash Line of Credit (overdraft protection).....DESIRED LIMIT \$ _____
 • Visa® Platinum Card.....DESIRED LIMIT \$ _____

SILVER PACKAGE* Includes automatic application for:
 • Savings • Checking • Online Access
 • InstaCash Line of Credit (overdraft protection).....DESIRED LIMIT \$ _____

BRONZE PACKAGE* Includes automatic application for:
 • Savings • Checking • Online Access

***By requesting a package you are also requesting that we issue you a Visa CheckCard.**

Check here if you *do not* want to receive a Visa CheckCard.

eStatements:

I would like email notification when my statements are ready to view via Online Access.

ADDITIONAL ACCOUNTS:

Share Savings Share Certificate Money Maker Credit Card TYPE _____ DESIRED LIMIT \$ _____
 Checking Visa CheckCard InstaCash DESIRED LIMIT \$ _____ Other _____

PRIMARY MEMBER NAME (LAST, FIRST, M.I.) _____ ACCOUNT NUMBER _____

HOME ADDRESS (STREET & NUMBER) _____ APT. NUMBER _____ CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____ HOME PHONE NUMBER _____ MOBILE PHONE NUMBER _____

EMPLOYER _____ BUSINESS PHONE NUMBER _____ MOTHER'S FULL MAIDEN NAME (FIRST & LAST) _____ NAME OF HIGH SCHOOL _____

DRIVER'S LICENSE NUMBER & STATE _____ ISSUE DATE (MM/DD/YYYY) _____ EXPIRATION DATE (MM/DD/YYYY) _____ EMAIL ADDRESS _____

JOINT OWNER #1 NAME (LAST, FIRST, M.I.) _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____ MOTHER'S FULL MAIDEN NAME (FIRST & LAST) _____

MOBILE PHONE NUMBER _____ EMPLOYER _____ DRIVER'S LICENSE NUMBER & STATE _____ ISSUE DATE (MM/DD/YYYY) _____ EXPIRATION DATE (MM/DD/YYYY) _____ NAME OF HIGH SCHOOL _____

JOINT OWNER #2 NAME (LAST, FIRST, M.I.) _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____ MOTHER'S FULL MAIDEN NAME (FIRST & LAST) _____

MOBILE PHONE NUMBER _____ EMPLOYER _____ DRIVER'S LICENSE NUMBER & STATE _____ ISSUE DATE (MM/DD/YYYY) _____ EXPIRATION DATE (MM/DD/YYYY) _____ NAME OF HIGH SCHOOL _____

JOINT OWNER #3 NAME (LAST, FIRST, M.I.) _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____ MOTHER'S FULL MAIDEN NAME (FIRST & LAST) _____

MOBILE PHONE NUMBER _____ EMPLOYER _____ DRIVER'S LICENSE NUMBER & STATE _____ ISSUE DATE (MM/DD/YYYY) _____ EXPIRATION DATE (MM/DD/YYYY) _____ NAME OF HIGH SCHOOL _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup 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). **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-8BEN if you are not a U.S. person.

I agree to the terms and conditions presented in a separate disclosure and agreement booklet. 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 MEMBER SIGNATURE _____ DATE _____ JOINT OWNER #1 SIGNATURE _____ DATE _____

X _____ **X** _____

JOINT OWNER #2 SIGNATURE _____ DATE _____ JOINT OWNER #3 SIGNATURE _____ DATE _____

X _____ **X** _____

I/We hereby make application for membership in NRL Federal Credit Union ("Credit Union") and agree to conform to the Bylaws as amended. I/We certify that I/we am/are within the field of membership of this Credit Union, the information provided on this application is true and correct, and my/our signature(s) on this card applies to all accounts under my/our name(s) at the Credit Union. I/We also agree to be bound to the terms and conditions of any account that I/we have in the Credit Union now or in the future. I/We acknowledge receipt of Agreement and Disclosure Statements. I/We authorize the Credit Union to obtain a credit report on me/us as may be required. If applicable, fees may be charged to my account.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made.

THIS SECTION FOR CREDIT UNION USE ONLY

Eligibility (check one)

EMPLOYER ID # _____ ID Checked Yes No FAMILY _____ CONTRACTOR/SEG NAME _____ OTHER _____

OPENED BY _____ VERIFIED BY _____ APPROVED DISAPPROVED _____ DATE _____

Membership Officer's Signature