

# MEMBER ACCOUNT APPLICATION

555 New Jersey Avenue, NW, Suite 100, Washington, DC 20001 • Office: 301.683.2800 • Fax: 202.393.6279 • www.aflcioefcu.org

## PURPOSE OF THE APPLICATION

**Establish membership account within the AFL-CIO Employees FCU**

**Make change(s) to an existing AFL-CIO Employees FCU account:**

*(establish/open/remove additional sub account(s); checking, money market, share certificate, holiday club, etc.)*

*(establish/open/remove additional service(s); ATM card, Debit card, etc.)*

*(add/remove a joint owner, POD (Payable on Death/beneficiary, etc.)*

Current Member

New Member

Membership Number

(Provided by Credit Union)

Eligibility for Membership

\_\_\_\_\_  
(ex. Union Affiliation Name/Number, Family Member Name)

## ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this form apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Add Account Type

Remove Account Type

Suffix\*

Suffix\*

Share/Savings \_\_\_\_\_

Money Market \_\_\_\_\_

Share Draft/Checking \_\_\_\_\_

Holiday Club \_\_\_\_\_

Share Certificate \_\_\_\_\_

Other \_\_\_\_\_

\* The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number. If this form applies to more than one account of the same type, more than one suffix will be listed for that account type.

## ACCOUNT SERVICES

Add Service(s)

Remove Service(s)

Payroll Deduction/Direct Deposit

ATM Card \_\_\_\_\_

Overdraft Protection *(indicate transfer priority below)*

Debit Card \_\_\_\_\_

No Overdraft     Shares Only     Loans Only

Share & Loan, Shares First     Share & Loan, Loan First

CU Online/Internet Banking

Audio Response (AMIE) \_\_\_\_\_

*(must complete form/disclosure)*

Other \_\_\_\_\_



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## MEMBERSHIP APPLICATION AND ACCOUNT OWNERSHIP INFORMATION

Designate the ownership of the accounts and responsibility for the services requested.

Individual

Joint Account with Survivorship

Joint Account without Survivorship

Name \_\_\_\_\_

SSN/TIN \_\_\_\_\_

Street Address \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Password \_\_\_\_\_

Listed

Unlisted

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_

List Joint Applicant, if applicable, below.

Name (Joint Application) \_\_\_\_\_

SSN/TIN \_\_\_\_\_

Street Address \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Password \_\_\_\_\_

Listed

Unlisted

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing this form and under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
- (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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The Foreign Account Tax Compliance Act (FATCA) is a 2010 United States federal law to enforce the requirement for United States persons including those living outside the U.S. to file yearly reports on their non-U.S. financial accounts to the Financial Crimes Enforcement Network (FinCEN). Reminder: You may have to report information about foreign financial assets and accounts. Under FATCA, certain U.S. taxpayers holding financial assets outside the United States must report those assets to the IRS on Form 8938, Statement of Specified Foreign Financial Assets.

I am exempt from FATCA Reporting



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**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.

## AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

## ACCOUNT DESIGNATIONS

Add       Remove

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee \_\_\_\_\_ SSN # \_\_\_\_\_

Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Death Pay-Out Percentage \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_ SSN # \_\_\_\_\_

Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Death Pay-Out Percentage \_\_\_\_\_

Agency      Print name of Agent \_\_\_\_\_

Signature \_\_\_\_\_

UTTMA/UGMA      (as custodian for \_\_\_\_\_ (Minor) under the Uniform Transfers

Gifts to Minors Act)      Minor's TIN/SSN \_\_\_\_\_

Other \_\_\_\_\_       See Account Authorization Card/Form



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## FOR CREDIT UNION USE ONLY

See Account Change Card/Form

See Insurance Beneficiary Card

Date of Membership \_\_\_\_\_ Opened/App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

CU Online/Internet Banking

OFAC

UDF

“Red Flag” guidelines: If there has been a change of address and if the member requires a new or replacement ATM/Debit card there would be a 30 day delay unless the credit union is provided change of address verification; unexpired government issued driver’s license, unexpired government issued identification card, unexpired Passport, employer identification number, other national identification document. Other types of non-documentary identity verification notification include; a paystub, W-2, or first page of previous tax return, utility bill, bank statement, and/or insurance card with current address. If new to the country; immigration papers [green card or legal alien card].

**You must complete this form in its entirety. Incomplete applications will be sent back to you. NCUA requires member verification. You may submit an unexpired Government issued ID or unexpired valid driver’s license; the address on the identification must match what is on the form. Refer to the end of the form for acceptable address documentation.**

**Acceptable address documentation if address does not match unexpired government issued ID or unexpired valid drivers license: must be in the name of applicant; utility bill, cable bill, phone bill, paystub, notarized letter or lease agreement, or a certified/recorded deed of trust.**



# ONLINE ACCESS APPLICATION

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**You must complete this form in its entirety. Incomplete applications will be sent back to you. NCUA requires member verification. You may submit an unexpired Government issued ID or unexpired valid driver's license; the address on the identification must match what is on the form. Refer to the end of the form for acceptable address documentation.**

## CURRENT INFORMATION

### Primary Owner

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address if P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Office Phone/Extension \_\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Joint Owner

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Please sign me up for the following products:

On-Line Banking and Electronic Statement

Bill Payer

Owner E-mail Address: \_\_\_\_\_

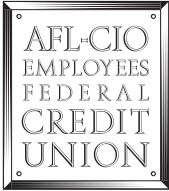
Joint Owner E-mail Address: \_\_\_\_\_

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

The number shown on this form is my correct taxpayer identification number, I am not subject to backup withholding, (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 I am a U.S. citizen or other U.S. person (defined below).

- Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:
- An individual who is a U.S. citizen or U.S. resident alien
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States
- An estate (other than foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701.7).



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- The Foreign Account Tax Compliance Act (FATCA) is a 2010 United States federal law to enforce the requirement for United States persons including those living outside the U.S. to file yearly reports on their non-U.S. financial accounts to the Financial Crimes Enforcement Network (FinCEN). Reminder: You may have to report information about foreign financial assets and accounts. Under FATCA, certain U.S. taxpayers holding financial assets outside the United States must report those assets to the IRS on Form 8938, Statement of Specified Foreign Financial Assets.

I am exempt from FATCA Reporting

## DISCLOSURE AND AGREEMENT

(Please read and sign below to complete application.)

I acknowledge that membership at the AFL-CIO Employees Federal Credit Union comes with certain ongoing responsibilities. By signing this document, my Joint Owner, if any, and I agree to abide by the properly disclosed terms and conditions of all accounts or services I/we may receive at the Credit Union. These terms and conditions will be disclosed in accordance with applicable state and federal laws.

Signature of Member Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner \_\_\_\_\_ Date \_\_\_\_\_

## AGREEMENT TO RECEIVE ELECTRONIC DELIVERY OF ACCOUNT STATEMENTS AND OTHER RECORDS

AFL-CIO EMPLOYEES FEDERAL CREDIT UNION is delighted that you are considering enrolling in E-Statements. After you read the following information, you may consent to receive E-Statements to replace all of your future paper account statements by signing below.

**What do E-Statements include?** E-Statements include all activity for savings accounts, checking accounts, club accounts, share certificates, IRA accounts and loans. If you select E-Statements, you will also be consenting to electronic delivery, at the Credit Unions sole option, of all electronic records such as disclosures, agreements, contracts, receipts, notices, modifications, amendments, and all other evidence of Credit Union transactions with you or on your behalf.

**Requirement for Email Address:** You agree to provide the Credit Union with an email address for you to receive statement availability notifications and electronic records. You agree that if you change your email address, it is your responsibility to provide the Credit Union with a new email address for E-Statements notifications. You may provide the Credit Union with your new email address by logging onto Online Banking and going to the preferences to change your address.

**Equipment and Software Requirements:** To receive E-Statements or electronic records, you need Internet access and a web browser, (such as Microsoft's Internet Explorer 5.5 or higher or Netscape Navigator 6.0 or higher or Opera 5 or higher). By selecting to receive E-Statements, you represent that you have such equipment and software and that you can download, access, read, review, print and store the E-Statements AFL-CIO EMPLOYEES FEDERAL CREDIT UNION provides to you. An E-Statement is an electronic version of your monthly or quarterly account statement and will be viewable using Adobe Acrobat Reader or similar document viewer. Your statement will look the same as a paper statement.

**Accessing E-Statements:** E-Statements will be accessed by receipt of e-mail notice from AFL-CIO EMPLOYEES FEDERAL CREDIT UNION as statements@aflcioefcu.org. E-Statements for the prior calendar month (or quarter, if you receive only quarterly statements) will be available for viewing within five (5) business days of the last business day of the calendar month (or quarter). When E-Statements are available for your review you will be notified at the email address you have registered with the AFL-CIO EMPLOYEES FEDERAL CREDIT UNION. E-Statements will remain available for at least 90 days, unless or until credit union, hardware cannot hold space for older statements.



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**Your Rights to Receive Paper Statements and to Withdraw Consent:** You have a right to receive paper copies of any electronic records if applicable law specifically requires AFL-CIO EMPLOYEES FEDERAL CREDIT UNION to provide such documentation. You have a right to receive past or current statements in paper form. You may withdraw your consent to receive E-Statements and records electronically at any time. To withdraw your consent to receive E-Statements and electronic records, or to request a paper copy of your statements, contact AFL-CIO EMPLOYEES FEDERAL CREDIT UNION in person at any of our branch offices; or call 301-683-2800 or write us at: AFL-CIO EMPLOYEES FEDERAL CREDIT UNION, 8000 Corporate Drive, Suite 100, Landover, MD 20785. Any notice will not become effective until received by AFL-CIO EMPLOYEES FEDERAL CREDIT UNION and AFL-CIO EMPLOYEES FEDERAL CREDIT UNION has had sufficient time to act on it (up to two (2) business days). A fee to request paper copies of statements or electronic records may be imposed as set forth in our Rate and Fee Schedule.

**Electronic Signature:** You consent and agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action while using any electronic service AFL-CIO EMPLOYEES FEDERAL CREDIT UNION offers; or in accessing or making any transactions regarding any agreement, acknowledgment, consent, terms, disclosures or conditions constitutes your signature, acceptance and agreement as if actually signed by you in writing. Further, you agree that no certification authority or other third party verification is necessary to the validity of your electronic signature; and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature or any resulting contract between you and AFL-CIO EMPLOYEES FEDERAL CREDIT UNION.

Your selection to receive your statements electronically will become effective immediately and means that you will no longer receive paper statements in the U.S. Mail. By signing below, you acknowledge that you have read and agree to the terms in the "AGREEMENT TO RECEIVE ELECTRONIC DELIVERY OF ACCOUNT STATEMENTS AND OTHER RECORDS." This Agreement, including the validity of any signatures or consents, any claims, or any disputes arising hereunder shall be construed in accordance with and governed by the Laws of the State of Maryland.

**Signature of Primary Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Joint Owner (1)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Joint Owner (2)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fax completed Application to 202-393-6279**

**Scanned documents can be sent to [cuonline@aflcioefcu.org](mailto:cuonline@aflcioefcu.org)**

**Mailed documents can be addressed to:**  
AFL-CIO Employees Federal Credit Union  
Attention: Online Banking  
555 New Jersey Avenue, NW, Suite 100  
Washington, DC 20001

**Acceptable address documentation if address does not match unexpired government issued ID or unexpired valid drivers license: must be in the name of applicant; utility bill, cable bill, phone bill, paystub, notarized letter or lease agreement, or a certified/recorded deed of trust.**