

SECTION 1 - PRIMARY ACCOUNT HOLDER INFORMATION

| | | |
|---------------------------------|---------------------------------|---|
| LAST NAME | FIRST NAME & MIDDLE INITIAL | SOCIAL SECURITY NUMBER |
| DRIVER'S LICENSE NUMBER / STATE | MOTHER'S MAIDEN NAME (OPTIONAL) | DATE OF BIRTH |
| STREET ADDRESS (NO P.O. BOXES) | CITY | STATE AND ZIP |
| MAILING ADDRESS (IF DIFFERENT) | CITY | STATE AND ZIP |
| DAY PHONE NUMBER | EVENING PHONE NUMBER | E-MAIL ADDRESS |
| EMPLOYER | PASSWORD (OPTIONAL) | U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 2 - MEMBERSHIP ELIGIBILITY

► *I am eligible to join NASA Federal Credit Union in one of the following ways:*

Employee/Retiree of NASA, a NASA Contractor or National Academy of Sciences (circle one): Location _____

As a benefit of my Employer or Association: Name _____ Location _____

Immediate Family or Household Member: Member Name _____ Relationship _____

All applicants must provide one form of identification, including one valid state or U.S. Government-issued identification with photo. If you mail in this application, the identification must be notarized. As required by Federal law, the Credit Union must verify the identity of each person seeking to open an account (including joint owners) and must maintain records of the information used to verify each person's identity.

SECTION 3 - JOINT OWNER INFORMATION

| | | |
|---------------------------------|---------------------------------|---|
| LAST NAME | FIRST NAME & MIDDLE INITIAL | SOCIAL SECURITY NUMBER |
| DRIVER'S LICENSE NUMBER / STATE | MOTHER'S MAIDEN NAME (OPTIONAL) | DATE OF BIRTH |
| STREET ADDRESS | CITY | STATE AND ZIP |
| DAY PHONE NUMBER | EVENING PHONE NUMBER | E-MAIL ADDRESS |
| | | U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 4 - ACCOUNTS & SERVICE OPTIONS

► **SAVINGS: A \$5 minimum savings account deposit is required for membership. Make check payable to your name.**

Checking¹ Type: _____

NASA Federal Visa² Credit Card

Money Market Account Type: _____

Share Certificate (\$1,000 minimum) _____

eStatements eAlerts Online Bill Pay³

¹Account requirements must be met. ²Separate application and disclosure applies. ³Additional fees may apply.

SECTION 5 - PAYABLE ON DEATH PAYEES AND VIRGINIA RIGHT OF SURVIVORSHIP

| | | | | |
|-----------------------|------------------------------------|--------------|---|------------------------|
| BENEFICIARIES ► | PAYEE #1 | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
| | PAYEE #2 | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
| | PAYEE #3 | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
| RIGHT OF SURVIVORSHIP | VIRGINIA RESIDENTS ONLY (PICK ONE) | | <input type="checkbox"/> JOINT ACCOUNT WITH SURVIVORSHIP (DEFAULT) <input type="checkbox"/> JOINT ACCOUNT WITH NO SURVIVORSHIP | |

All others will fall under Maryland law, which states upon the death of a party to the account, the funds shall belong to the surviving party or parties.

SECTION 6 - CERTIFICATION FOR TAXPAYER IDENTIFICATION NUMBER AND ACCOUNT AGREEMENT

► Under penalty of perjury, I certify that:

A. **Certification for Taxpayer Identification:** (1) the number on this form referenced above is my correct Social Security number/taxpayer identification number (TIN); (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 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 withholding; and (3) I am a U.S. citizen or resident alien. If I am not a U.S. citizen or resident alien and reside in another country, I must complete Form W-8BEN for tax purposes. Note: Cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding.

B. **Account Agreement:** I/We hereby apply for membership and authorize NASA Federal Credit Union to verify all the information supplied herein; and to verify my/our creditworthiness. I/We agree to conform to the Credit Union's Member Services Agreement and Schedule of Fees.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

PRIMARY ACCOUNT HOLDER SIGNATURE _____ DATE _____

JOINT OWNER SIGNATURE _____ DATE _____

FOR CREDIT UNION USE ONLY

| | | |
|--|--------------------|--------------------|
| PRIMARY NAME | | ACCOUNT NUMBER |
| PRIMARY OWNER NAME CHANGE: (FORMER NAME) | OLD ACCOUNT NUMBER | ORIGINAL OPEN DATE |
| COMMENTS | | REFERENCE NUMBER |

CHEX SYSTEMS - PRIMARY MEMBER

| | | | |
|--------------------|-------|-------------------|------------------|
| YEAR SSN ISSUED | STATE | NUMBER OF RECORDS | DATE OF RECORDS |
| INSTITUTION(S) | | | RETAIL INDICATOR |
| COMMENTS | | | |
| ID VERIFIED (TYPE) | | | |

CHEX SYSTEMS - JOINT OWNER

| | | | |
|--------------------|-------|-------------------|-----------------|
| YEAR SSN ISSUED | STATE | NUMBER OF RECORDS | DATE OF RECORDS |
| INSTITUTION(S) | | | |
| COMMENTS | | | |
| ID VERIFIED (TYPE) | | | |

MEMBER SERVICE REPRESENTATIVE

| | | |
|--|----------------------|------|
| NAME | TELLER ID / INITIALS | DATE |
| <input type="checkbox"/> Member Services Agreement / Schedule of Fees & Member Rewards Brochure were ____ Delivered in person or ____ Mailed | | |
| <input type="checkbox"/> Verified Eligibility | | |
| <input type="checkbox"/> Chex Systems Report Attached | | |
| <input type="checkbox"/> Valid ID with matching corresponding address | | |
| <input type="checkbox"/> Additional comments _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

MEMBERSHIP OFFICER

| | | |
|---------------------|-----------|------|
| NAME (PLEASE PRINT) | SIGNATURE | DATE |
|---------------------|-----------|------|

