



P.O. Box 25947
 Alexandria, VA 22313-9809
 202-366-9400 • 800-368-8432
 transfcu.org

Membership/Service Application

New Account (Primary Member) Changes/Additions to Current Account

ACCOUNT NUMBER: _____ (To be completed by the Credit Union)

I would like to apply for the following account(s): (refer to Member Services Agreements for account disclosures)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Share | <input type="checkbox"/> Packaged | <input type="checkbox"/> Checking | <input type="checkbox"/> DOTTIE (Audio Response) |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Express | <input type="checkbox"/> Basic <input type="checkbox"/> On-the-Move | <input type="checkbox"/> eStatements |
| <input type="checkbox"/> Holiday Club | <input type="checkbox"/> Concorde | <input type="checkbox"/> Convenience | <input type="checkbox"/> Trust Services |
| <input type="checkbox"/> Vacation Club | <input type="checkbox"/> Premiere50 | <input type="checkbox"/> ATM Card | <input type="checkbox"/> Payable On Death |
| <input type="checkbox"/> Money Market Share | <input type="checkbox"/> Advantage Circle | <input type="checkbox"/> Visa CHECKCARD | <input type="checkbox"/> Living Trust |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Advantage Circle Plus | | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Johnny Appleseed | | <input type="checkbox"/> Other _____ |

PRIMARY OWNER

| | | | | | |
|--------------------------------|--|---------------------------------|--------------------|----------------------|------|
| Last Name | | First Name | | | M.I. |
| Home Address | | City | State | Zip Code | |
| Mailing Address (if Different) | | City | State | Zip Code | |
| Date of Birth | Social Security Number | Drivers License/Passport Number | State | Other ID (List type) | |
| Home Telephone | Security Code (For Security/ID Purposes) | Email Address | | | |
| Employer's Name | | | Business Telephone | | |
| Employer's Address | | City | State | Zip Code | |

JOINT OWNER #1 with right of survivorship

| | | | | | |
|----------------|--|---------------------------------|-------|----------------------|------|
| Last Name | | First Name | | | M.I. |
| Home Address | | City | State | Zip Code | |
| Date of Birth | Social Security Number | Drivers License/Passport Number | State | Other ID (List type) | |
| Home Telephone | Security Code (For Security/ID Purposes) | Email Address | | | |

JOINT OWNER #2 with right of survivorship

| | | | | | |
|----------------|--|---------------------------------|-------|----------------------|------|
| Last Name | | First Name | | | M.I. |
| Home Address | | City | State | Zip Code | |
| Date of Birth | Social Security Number | Drivers License/Passport Number | State | Other ID (List type) | |
| Home Telephone | Security Code (For Security/ID Purposes) | Email Address | | | |

FAMILY/HOUSEHOLD MEMBERSHIP

Immediate family is defined as spouse, child, sibling, parent, grandparent, or grandchild. For purposes of this definition, immediate family member includes stepparents, stepchildren, stepsiblings, and adoptive relationships.
 Household is defined as persons living in the same residence maintaining a single economic unit.

| | | |
|-----------------------|----------------|------------------------|
| Primary Member's Name | Account Number | Social Security Number |
|-----------------------|----------------|------------------------|

I certify that, _____, who is making application for membership in the Credit Union, is my _____ (relation).

Name: _____ Signature: _____

AS WITNESS my hand and notary seal _____

My Commission Expires: _____

SEAL

JOINT ACCOUNT AGREEMENT

If your Account is owned jointly, then all funds on deposit are owned by any of the joint owners. We can release or pay any amount on deposit in your Account to any owner. We can honor checks, withdrawals, orders or requests from any owner. The Credit Union is hereby authorized to charge this account for any obligation owed by you or any joint owners, if applicable, to the Credit Union.

All Owners are liable to the credit union for any overdrafts that may occur on your account, regardless of whether or not a benefit occurred. Any owner may provide us written notice to freeze funds on deposit and we may, at our option, honor such written request. If we do, then the account will remain frozen until we receive subsequent written notice signed by all owners of the account as to a disposition of funds on deposit. Any funds on deposit may be utilized to satisfy any debt or garnishment of any owner of the account.

If the owners of the account hold the account jointly as Tenants in Common and we receive notice that one of the owners has died, we may freeze the account until we receive evidence satisfactory to us as to an appropriate disposition of funds on deposit in the Account. It is the responsibility of joint Account owners to determine any legal effects of opening and maintaining a joint account.

IMPORTANT IRS INFORMATION

Under penalties of perjury, you certify that:

1. The number shown on this form is your correct taxpayer identification number (TIN) (or you are waiting for a number to be issued to you), and
2. You are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service that you are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, and

Please consult IRS publication 1679 for additional information about backup withholding and a copy of IRS form W-9.

3. You are a U.S. person (including a U.S. resident alien).

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

SIGNATURES

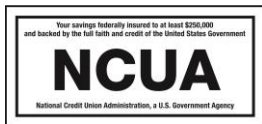
By signing below, I hereby make application for membership in the Transportation Federal Credit Union and agree to subscribe for at least one share. In considering this application and/or request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with me. I/we agree to conform to the Credit Union's rules, regulations, by-laws and policies, now in effect and as amended or adopted hereafter. I/we acknowledge receipt of the Credit Union's account agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. My signature also constitutes a request for any identifying number and/or access device issued by the Credit Union in conjunction with such accounts. 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 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 and other identifying information. 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's Signature | Joint Owner #1 Signature | Joint Owner #2 Signature |
|---------------------------|--------------------------|--------------------------|

CREDIT UNION USE ONLY

| | |
|---------------------------------|-------------|
| Credit Union Employee Signature | Date Opened |
|---------------------------------|-------------|

Comments:



Deposits in federal credit unions are insured up to \$250,000 by the National Credit Union Share Insurance Fund (NCUSIF), which is administered by the National Credit Union Administration (NCUA), a U.S. Government Agency. Credit Union Individual Retirement Accounts are insured separately up to \$250,000.



Your deposits are privately insured through Excess Share Insurance Corp. up to an additional \$250,000. IRAs are separately insured by ESI for up to an additional \$250,000.