

**Important Information about procedures to open a New Membership:** To help the government fight 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. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. Please contact our Call Center at 800.877.6440 for additional information.

APPLICANT INFORMATION										
Type of Account:		Individual			Joint Owner – With Survivorship			Trust (Original or True copy of Trust)		
Last Name:			First Name:			M.I.:	Gender:	Home Phone:		
Street Address (do not use a PO Box)							Work Phone:			
City/State/Zip:				Date of Birth:			Cell Phone:			
Do you:	Own this home	Rent	other		Social Security or Tax ID #:			Email address:		
Driver's License, Military or State issued ID		State:	License / ID #:				Issue Date:	Expiration Date:		
Mothers Maiden Name:					Occupation:					
MEMBERSHIP ELIGIBILITY										
I am an employee, independent contractor, or self-employed person who works regularly in the healthcare or biomedical industries.										
Employer:					State of employment (must be MD, DC, NC, VA or WV only):					
I am affiliated with the National Institutes of Health (NIH).					Name of Institute or Division:					
My current NIH classification is:	Employee	Contractor	Fellow/trainee	Volunteer	Guest/Tenant					
I am an immediate family member, or living in and sharing joint financial responsibilities of a current NIHFCU Member's household.										
Sponsoring Member's Name: _____					Last 4 digits of sponsor's Social Security: _____					
My relation to the sponsor is:	Spouse	Child	Parent	Sibling	Grandparent	Grandchild	Household			
ACCOUNTS TO OPEN WITH THIS NEW MEMBERSHIP					I AM INTERESTED IN LEARNING MORE ABOUT THE FOLLOWING					
Share/Savings – \$25 minimum required to start membership					Auto Loans		Personal Loans			
Checking - \$20 minimum to open account					Credit Cards		Student Loans			
Select option Basic Money Manager Money Manager + _____ check here to decline a debit card					Mortgages		Business Loans			
Other _____					Home Equity Loans/Lines		Other _____			
JOINT OWNER INFORMATION										
Last Name			First Name			M.I.:	Gender:	Home Phone:		
Street Address (do not use a PO Box)							Work Phone:			
City/State/Zip				Date of Birth			Cell Phone:			
Social Security or Tax ID #		Mothers Maiden Name					Email address			
Driver's License, Government or State issued ID		License / ID #				Issue Date		Expiration Date		
Employer					Occupation					
SIGNATURE(S)										
BY signing below, you are certifying that the information contained on both pages of this application is true and that you understand and agree to the disclosures contained herein										
Signature of Primary Owner			Date (MM/DD/YY)		Signature of Joint Owner			Date (MM/DD/YY)		

Please continue to next page to make beneficiary designations and for other important information 

**BENEFICIARY DESIGNATIONS**

Persons listed here, if any, will receive proceeds of all accounts held under the assigned member number, other than IRAs, in equal shares unless otherwise indicated, upon the death of (a) the owner if the account(s) have one owner, or (b) the death of the last owner if the account(s) have more than one owner.

	Name (first/last)	Address (Street, City, State, Zip)	Social Security/Tax ID #	Percentage
1.				
2.				

**Substitute W-9 Taxpayer ID Certification:**

Official IRS W-9 instructions may be requested from an NIHFCU staff member or, if applying online, visit <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain instructions. Unless otherwise checked below, I declare under penalty of perjury that:

- (a) I am a U.S. Citizen/Person (including resident alien);
- (b) the taxpayer ID number provided on this application is correct and;
- (c) I have never been notified by the IRS that I am subject to backup withholding due to failure to report dividends or interest or I have been notified by the IRS that I am no longer subject to backup withholding. The IRS does not require my consent to any term of any agreement with the Credit Union other than the certifications required to avoid backup withholding.

<p><b>Primary Owner:</b></p> <p>If this box is checked, I am subject to backup withholding. If this box is checked, I am a non-resident alien, have provided the Credit Union with a W-8 form and will provide the Credit Union with a W-9 form when I receive a US taxpayer ID number.</p>	<p><b>Joint Owner:</b></p> <p>If this box is checked, I am subject to backup withholding. If this box is checked, I am a non-resident alien, have provided the Credit Union with a W-8 form and will provide the Credit Union with a W-9 form when I receive a US taxpayer ID number.</p>
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**If other than the Primary Account Owner, the individual signing below is signing as:**

Power of attorney (agreement on file)      Parent/Guardian      Successor Trustee of a UTMA Account (Agreement on file)

Signature \_\_\_\_\_

**By signing this application and submitting it to the NIH Federal Credit Union, or by submitting this application electronically:**

1) The person identified as "MEMBER," if not already an NIH Federal Credit Union (NIHFCU) member, applies for membership and certifies under penalty of perjury that the membership eligibility statement is accurately completed. 2) I agree to abide by applicable law and NIHFCU's bylaws in all dealings with NIHFCU. 3) NIHFCU is authorized to check my credit and account history (Credit Report), and verify information on this application. I understand that this may be a hard Inquiry, which will become a part of my credit report. 4) This application constitutes my request for the services indicated on this application and my continuing authorization to open accounts for me under my NIHFCU membership upon my oral or written request and deposit of funds. 5) If a joint owner is indicated, all accounts established under this membership other than IRA Accounts will be joint ownership with right of survivorship. Joint owners are equally responsible with members, jointly and individually, for complying with all terms of all agreements with NIHFCU. 6) I acknowledge receipt of the NIHFCU Member Services Agreements and Disclosures, Truth in Savings Disclosure applicable to any accounts I have opened, and the Fee Schedule. I consent to their terms as amended from time to time by proper legal notice to me. 7) I agree that if I become indebted to NIHFCU in any way, including by use of plastic cards or by overdrawing my account(s), if I do not pay what I owe according to my agreements, you can take any funds voluntarily deposited to NIHFCU accounts in which I have an interest to recover all or part of what I owe without notice and without waiving other collection rights. This consent applies to all voluntarily deposited funds, including funds that may otherwise be exempt from creditor's remedies, such as social security direct deposit, unless prohibited by law or the share agreement. This consent is in addition to any right of the Credit Union to impress a lien on my shares the Federal Credit Union Act.

**Submit this completed application by mail to:**

NIH Federal Credit Union, Attention: New Accounts, P.O. Box 6475, Rockville, Maryland 20849-6475

**Please include check or money order for at least the minimum required to open selected accounts - do not enclose cash**

Note: If submitting by mail, please include legible copy of Driver's license (or Military or State issued ID) and proof of employment at indicated employer (i.e. work ID, recent pay stub)

You can also apply for membership at any branch or online at [nihfcu.org](http://nihfcu.org)

**NIHFCU Use Only**

<i>Application received:</i>				<i>Account Opening:</i>			
<i>In person</i>	<i>By mail</i>	<i>Referral Form - Code: _____</i>		<i>Date Account Opened: MM/DD/YYYY</i>	<i>Branch/Department #:</i>		
<i>BD event- Employee's name _____</i>				<i>Account Opened By - Employee's Initials: _____</i>			
Workplace ID verified	yes	no	Driver's License, Military or State issued ID verified	yes	no		
ID/Application Address Match	yes	no					