

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? D Yes D No

SECTION 2 - MEMBERSHIP ELIGIBILITY

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

D Employee/Retiree of NASA, a NASA Contractor or National Academy of Sciences (circle one): Location _____ D As a benefit of my Employer or Association: Name _____ Location _____

D 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

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? D Yes D No

SECTION 4 - ACCOUNTS & SERVICE OPTIONS

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

D Checking¹ Type: _____ D Money Market Account Type: _____

D NASA Federal Visa² Credit Card D Share Certificate (\$1,000 minimum) _____

D eStatements D eAlerts D 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)	D JOINT ACCOUNT WITH SURVIVORSHIP (DEFAULT) D 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
D Member Services Agreement / Schedule of Fees & Member Rewards Brochure were _____ Delivered in person or _____ Mailed		
D Verified Eligibility		
D Chex Systems Report Attached		
D Valid ID with matching corresponding address		
D Additional comments _____		

MEMBERSHIP OFFICER

NAME (PLEASE PRINT)	SIGNATURE	DATE
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