



4201 Members Way
 Fairfax, VA 22030
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 www.fairfaxcu.org

MASTER MEMBERSHIP APPLICATION

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean Fairfax County Federal Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures.

Member Number:

Account Type	Account Number	Account Type	Account Number
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Ownership

Individual Account **Joint Account with Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account. **Joint Account without Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust, or intestacy.

Primary Member (Applicant)

Name	Birth Date	SSN/TIN	Home Phone No	Email Address
Physical Address (Street, City, State, Zip)				
Employment Status	Self Employed – Nature of Business			
Employer	Occupation/Position		Work Phone No.	
Identification Type	Identification Number	Country/State of Issuance	Issue Date	Expiration Date

Joint Owner 1

Name	Birth Date	SSN/TIN	Home Phone No.	Email Address
Physical Address (Street, City, State, Zip)			Citizenship	Country of Citizenship PEP
Employment Status	Self Employed – Nature of Business			
Employer	Occupation/Position		Work Phone No.	
Identification Type	Identification Number	Country/State of Issuance	Issue Date	Expiration Date

Joint for the following account (s):

Joint Owner 2

Name	Birth Date	SSN/TIN	Home Phone No	Email Address
Physical Address (Street, City, State, Zip)			Citizenship	Country of Citizenship PEP
Employment Status	Self Employed – Nature of Business			
Employer	Occupation/Position		Work Phone No.	
Identification Type	Identification Number	Country/State of Issuance	Issue Date	Expiration Date

Joint for the following account (s):

Joint Owner 3				
Name	Birth Date	SSN/TIN	Home Phone No	Email Address
Physical Address (Street, City, State, Zip)			Citizenship	Country of Citizenship
Employment Status		Self Employed – Nature of Business		
Employer		Occupation/Position		Work Phone No.
Identification Type	Identification Number	Country/State of Issuance	Issue Date	Expiration Date
Joint for the following account (s):				
Account Designation – Payable on Death (P.O.D) Account				
Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts identified below.				
Beneficiary #1 – Name and Address	Birth Date	SSN/TIN	Relationship	
For the following account(s):				
Beneficiary #2 – Name and Address	Birth Date	SSN/TIN	Relationship	
For the following account(s):				
Beneficiary #3 – Name and Address	Birth Date	SSN/TIN	Relationship	
For the following account(s):				
Beneficiary #4 – Name and Address	Birth Date	SSN/TIN	Relationship	
For the following account(s):				
Important IRS Information – TIN Certification				
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 to me); and <input type="checkbox"/> 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 (defined below); and 4.) The FATCA code(s) entered below (if any) indicating that I am exempt from FATCA reporting is correct.				
Certification instructions. You must check the item 2 box from 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.				
Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____				
Signatures				
You hereby apply for membership with Fairfax County Federal Credit Union. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. By signing below, you agree to be bound by the terms and conditions found within the Membership 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 you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. In addition to establishing a regular share Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition of joint owner(s) of your Account(s). Your signature below is your continuing authorization for Fairfax County Federal Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s). 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. <i>The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.</i>				
X _____ Primary Owner Signature	Date	X _____ Joint Owner 1 Signature	Date	
X _____ Joint Owner 2 Signature	Date	X _____ Joint Owner 3 Signature	Date	