

NEW MEMBER APPLICATION

To establish a membership, we require that you open a savings account with a minimum balance of \$5. This account makes you a part owner of the Credit Union!

OWNERSHIP

Member No: _____

Designate the ownership of the accounts and responsibility for the services requested

- Individual
 Joint Account with *Rights of Survivorship
 Joint Account without *Rights of Survivorship
*Right of survivorship: legal provision that allows a successor of a deceased person to acquire the property of that individual upon his/her death

Where you referred for membership with Capital Area REALTORS® Federal Credit Union by the mortgage team?

- Yes
 No

If yes, provide the name of the loan officer assisting you: _____

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this application apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Requested Accounts: (Check the box next to each product you are interested in)

- | | |
|--|--|
| <input type="checkbox"/> Share/Savings | <input type="checkbox"/> Home Mortgage |
| <input type="checkbox"/> Checking/ Money Market/CD | <input type="checkbox"/> HELOC/Auto Loan |

MEMBER/OWNER INFORMATION

First Name: _____	Street 1*: _____ <small>1* Physical address only, PO Box are not permitted for opening an account</small>
Last Name: _____	City: _____ State: _____ Zip: _____
Phone No: _____ Work Phone: _____	Date of Birth: _____ SSN/TIN 2*: _____ <small>2*Social Security Number/Taxpayer Identification Number</small>
E-mail: _____	Race: _____ Hispanic: <input type="radio"/> Yes <input type="radio"/> No
Sex: <input type="radio"/> Female <input type="radio"/> Male Citizenship Status: _____	ID Type: _____ ID Number: _____
Military Status: _____ Veteran: <input type="radio"/> Yes <input type="radio"/> No	Issue Date: _____ Expiration Date: _____
Member Number: _____ <small>(Only if you already have a CARFCU account)</small>	Membership Eligibility 3*: _____ <small>3*If you are a REALTOR®, please select your membership eligibility</small>
Upload a copy of your ID here: _____	

JOINT MEMBER/OWNER INFORMATION

First Name: _____	Street 1*: _____ <small>1* Physical address only, PO Box are not permitted for opening an account</small>
Last Name: _____	City: _____ State: _____ Zip: _____
Phone No: _____ Work Phone: _____	Date of Birth: _____ SSN/TIN 2*: _____ <small>2*Social Security Number/Taxpayer Identification Number</small>
E-mail: _____	Race: _____ Hispanic: <input type="radio"/> Yes <input type="radio"/> No
Sex: <input type="radio"/> Female <input type="radio"/> Male Citizenship Status: _____	ID Type: _____ ID Number: _____
Military Status: _____ Veteran: <input type="radio"/> Yes <input type="radio"/> No	Issue Date: _____ Expiration Date: _____
Member Number: _____ <small>(Only if you already have a CARFCU account)</small>	Membership Eligibility 3*: _____ <small>3*If you are a REALTOR®, please select your membership eligibility</small>
Upload a copy of your ID here: _____	

Note: Additional Joint Member/Owner Information can be provided at the end of the application form
 Check this box if you require more fields for additional Joint Members/Owners Information

<input type="checkbox"/> Payable on Death (POD) Account <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts: _____	
POD Payee Name: _____ Address: _____ Date of Birth: _____ Phone No: _____ Relationship: _____	POD Payee Name: _____ Address: _____ Date of Birth: _____ Phone No: _____ Relationship: _____
POD Payee Name: _____ Address: _____ Date of Birth: _____ Phone No: _____ Relationship: _____	POD Payee Name: _____ Address: _____ Date of Birth: _____ Phone No: _____ Relationship: _____

ACCOUNT SERVICES

Debit Card
 Order Checks/Drafts
 Online Banking
 Overdraft Protection*: _____
*Indicate transfer priority

ADDITIONAL JOIN MEMBER/OWNER INFORMATION

First Name: _____ Last Name: _____ Phone No: _____ Work Phone: _____ E-mail: _____ Relationship: _____	Address*: _____ <small>* Physical address only, PO Box are not permitted for opening an account</small> Date of Birth: _____ SSN/TIN ^{2*} : _____ <small>^{2*}Social Security Number/Taxpayer Identification Number</small> ID Type: _____ Expo. Date: _____ Upload a copy of your ID here: _____
First Name: _____ Last Name: _____ Phone No: _____ Work Phone: _____ E-mail: _____ Relationship: _____	Address*: _____ <small>* Physical address only, PO Box are not permitted for opening an account</small> Date of Birth: _____ SSN/TIN ^{2*} : _____ <small>^{2*}Social Security Number/Taxpayer Identification Number</small> ID Type: _____ Expo. Date: _____ Upload a copy of your ID here: _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- | | |
|--|--|
| <p>(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and</p> <p>(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</p> | <p>(3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).</p> <p>(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</p> |
|--|--|

Certification Instructions: Cross out item 2 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): _____ Exempt Payee code (if any): _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

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FOR CREDIT UNION USE ONLY

Account Opened by: _____ Member Number: _____ Date: _____
 OFAC check
 ID Check
 Online Banking