

# Dow Jones Employees Federal Credit Union

## Membership Application

Account Number \_\_\_\_\_

### 1. Primary Account Owner Information

Name \_\_\_\_\_  
Home address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home phone (     ) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Work phone (     ) \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Mother's maiden name \_\_\_\_\_  
Driver's license number \_\_\_\_\_ State issued in \_\_\_\_\_  
Employer \_\_\_\_\_ Years employed \_\_\_\_\_  
Position/Title \_\_\_\_\_  Full time  Part time # Hours \_\_\_\_\_

### 2. Membership Eligibility

How are you eligible to join Dow Jones Employees Federal Credit Union?  
Employer Name \_\_\_\_\_  
 I am related to a member of Dow Jones Employees Federal Credit Union  
Relative's name \_\_\_\_\_  
 Other \_\_\_\_\_

### 3. Joint Account Owner Information

Name \_\_\_\_\_  
Home address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home phone (     ) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Work phone (     ) \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Mother's maiden name \_\_\_\_\_  
Driver's license number \_\_\_\_\_ State issued in \_\_\_\_\_  
Employer \_\_\_\_\_ Years employed \_\_\_\_\_  
Position/Title \_\_\_\_\_  Full time  Part time # Hours \_\_\_\_\_

*To add additional account owners, please contact Credit Union to complete an Account Change Card.*

### 4. Type of Account

Select type of savings account:

- Share Savings                       Checking  
 Holiday Club                       Vacation Club  
 IRA

### 5. Account Services

Select services:

- Direct Deposit                       ATM Card  
 Payroll Deduction                       Touch Tone Teller  
 Internet Banking

### 6. Account Designations

Select one of the following:

- Individual  
 Joint with survivorship  
 Other \_\_\_\_\_  
 Payable on Death (POD)/In trust for  
 All accounts  
 Designate specific account(s) \_\_\_\_\_  
Beneficiary/POD payee#1 \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
  
Beneficiary/POD payee#2 \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### Important Information

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account to help the government fight the funding of terrorism and money laundering activities. What this means for you: 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. We may also ask to see your driver's license or other identifying documents. By submitting this application, you authorize the Credit Union to obtain information necessary to verify your identity. This may include information obtained from consumer reporting agencies, public databases, or other sources. If the Credit Union is unable to verify information you provide, an account may not be opened. The Credit Union reserves the right to close your account if it determines at a later date that it does not know your true identity.

## 7. Initial Deposit

Indicate the total amount of your initial deposit:

\$25 \$50 \$100 Other \$

How do you want this amount deposited into your account? You must deposit at least a \$25.00 share into your savings account. Enclose a check or money order.

Savings \$ \_\_\_\_\_  
 Checking \$ \_\_\_\_\_

## 8. Loan Options

I'm interested in saving money. I'd like to apply for:

- Auto Loan (New or Used)
- Home Equity Loan
- First Mortgage
- Personal Loan
- Refinance Current Loan
  - Type of Loan \_\_\_\_\_
  - Balance \$ \_\_\_\_\_

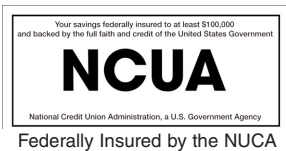
## 9. TIN Certification and Backup Withholding Information

Under the penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number,
- (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. person (including a U.S. resident alien).

**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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.



## 10. Signature

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed unless the Credit Union is notified in writing of a change. By signing below, you certify that the information on this Membership Application (both sides) is complete, true and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Membership Application for the purpose of extending the credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you acknowledge that you have received, read and agree to the terms of the following Agreements applicable to the accounts and services requested.

• **Membership and Account Agreement:**

You acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time, which are incorporated herein.

• **Electronic Funds Transfer Agreement:**

If an access card or Electronic Funds Transfer Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

**The Internal Revenue Service does not require your consent to any provision of this Membership Application other than the certifications required to avoid backup withholding.**

X \_\_\_\_\_  
 Signature Date

X \_\_\_\_\_  
 Signature Date

### FOR CREDIT UNION USE ONLY - MEMBER VERIFICATION

Type of Identification	Identification Number	ID Issuance (State/Country)	Issuance Date	ID Expiration Date
<input type="checkbox"/> Driver's License	_____	_____	_____	_____
<input type="checkbox"/> Passport	_____	_____	_____	_____
<input type="checkbox"/> Alien ID	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____	_____
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Audio Response	<input type="checkbox"/> Internet Banking		

Check System \_\_\_\_\_  
 OFAC \_\_\_\_\_  
 Membership Verification \_\_\_\_\_  
 Opened By \_\_\_\_\_  
 Date \_\_\_\_\_  
 Teller Number \_\_\_\_\_  
 Loan Officer ID \_\_\_\_\_