

**MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT**

**Application Type:**  New Membership  Update Account Information  Add Joint Owner(s)  New Shares

**Account Ownership:**  Individual (sections 1, 2, 5)  Joint (sections 1, 2, 4, 5)  
 Individual with Beneficiaries (sections 1, 2, 3, 5)  Joint with Beneficiaries (sections 1-5)

*\* This form may be used for multiple accounts only if: 1) All accounts listed above are individual accounts of the member; or 2) All accounts listed above are owned by all joint owners shown below. Any changes and/or the addition of a new account(s) requires the consent and signature of all joint owners. For additional accounts of the member with ownership other than that shown below, a separate signature card must be used.*

**MEMBERSHIP ELIGIBILITY**

1.  ALADS  FOP  HAPCOA  LADAIA  LASPA  PPOA EMPLOYEE NUMBER: \_\_\_\_\_  
OR  
2. FAMILY MEMBER OF: \_\_\_\_\_ MEMBER# \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(Full Name)

**ACCOUNTS REQUESTED (check all that apply)**

REGULAR SHARES  K-9 SAVERS  SUB-SHARES  SHARE CERTIFICATE  
 HOLIDAY CLUB - MATURITY PAYMENT METHOD:  BY CHECK  AUTO TRANSFER TO ACCOUNT# \_\_\_\_\_  
 SHARE DRAFT/CHECKING  BULLDOGS CHECKING  SECOND CHANCE CHECKING  
**OVERDRAFT PROTECTION:**  REGULAR SHARES  OTHER ACCOUNT# \_\_\_\_\_  VISA  NO OVERDRAFT \_\_\_\_\_ (initials)  
**AUTOMATED SERVICES:**  ATM CARD(S)  MASTERMONEY DEBIT CARD  NO ATM ACCESS

**SECTION 1 – MEMBER INFORMATION**

**Member Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **SS# or Tax ID:** \_\_\_\_\_  
(Last, First, Middle Initial)  
**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(No P.O. Boxes allowed)  
**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(If different than above)  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_  
**Driver's License or State Issued ID #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
**Secondary ID:** \_\_\_\_\_ **Issued By:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
**Security Questions:** \_\_\_\_\_  
**Mother's Maiden Name:** \_\_\_\_\_ **Password:** \_\_\_\_\_  
**Select a Question:** \_\_\_\_\_ **Answer:** \_\_\_\_\_

**SECTION 2- INTERNAL REVENUE SERVICE CERTIFICATION**

Enter your Tax Identification Number in the box below: (For most individual taxpayers, this is their social security number)

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**
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 in the W-9 Form, General Instructions).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions-** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See Certification Instructions in the W-9 Form).

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 3- PAY- ON- DEATH (P.O.D.) BENEFICIARY DESIGNATION**

**Beneficiary #1 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
(Last, First, Middle Initial)  
**Beneficiary #2 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
(Last, First, Middle Initial)

**SECTION 4- JOINT OWNER(S) DESIGNATION****JOINT OWNER #1**

**AUTOMATED SERVICES:**  ATM CARD(S)  MASTERMONEY DEBIT CARD  NO ATM ACCESS  
*(If applicable)*

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **SS# or Tax ID:** \_\_\_\_\_  
(Last, First, Middle Initial)

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(No P.O. Boxes allowed)

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(If different than above)

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**Driver's License or State Issued ID #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Secondary ID:** \_\_\_\_\_ **Issued By:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Security Questions:

**Mother's Maiden Name:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**Select a Question:** \_\_\_\_\_ **Answer:** \_\_\_\_\_

**JOINT OWNER #2**

**AUTOMATED SERVICES:**  ATM CARD(S)  MASTERMONEY DEBIT CARD  NO ATM ACCESS  
*(If applicable)*

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **SS# or Tax ID:** \_\_\_\_\_  
(Last, First, Middle Initial)

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(No P.O. Boxes allowed)

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(If different than above)

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**Driver's License or State Issued ID #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Secondary ID:** \_\_\_\_\_ **Issued By:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Security Questions:

**Mother's Maiden Name:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**Select a Question:** \_\_\_\_\_ **Answer:** \_\_\_\_\_

**SECTION 5- SIGNATURE(S)**

I hereby make application for membership in and agree to conform to the by-laws (as amended) of POPA FEDERAL CREDIT UNION. I understand that if the information I have provided cannot be verified and/or is invalid, my membership/account ownership eligibility may be terminated/denied by the Credit Union. I acknowledge and agree that the signatures on this form control the ownership of other accounts classified as "sub accounts". I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure, Electronic Services Disclosure and Agreement, and that I have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporate in their entirety into this membership application and account agreement (application). I authorize the Credit Union to contact and inquire my references, my spouse, my employer(s), ( past, present, and future) and to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I authorize the Credit Union to furnish information concerning my account and payment history with POPA FCU to credit reporting agencies. I authorize the Credit Union to pay any overdraft items and any fees for Credit Union services from funds subsequently deposited into my account. I agree to the terms and conditions of the Disclosures and Application. I understand that the Credit Union may verify all information I have given on the Application.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner #1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner #2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Membership Eligibility Confirmation: **Spoke with:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Member's other account #s: \_\_\_\_\_ **Reason for opening new acct:** \_\_\_\_\_

**Comments:** \_\_\_\_\_