



RTP Federal Credit Union

Membership Application

To apply for membership, complete this application and bring it to any RTP Federal Credit Union branch location or mail with notarized signatures with: 1) your valid driver's license or passport, 2) verification of employment or association membership (if applicable) and 3) an initial minimum deposit of \$25 (checks payable to RTP Credit Union). You may also submit your application by mail to RTP Credit Union, P.O. Box 12807, RTP, NC 27709. We require notarized signature(s) on all applications returned by mail, and you must include a photocopy of your driver's license/passport. Please do not mail cash.

Complete this form in its entirety. If you are unsure how to fill out this form, call RTP Federal Credit Union at (919) 941-5700. Returning incorrect, incomplete, or unsigned forms will delay the processing of your request.

P.O. Box 12807
RTP, NC 27709
919-941-5700
rtp@rtpfcu.org

Check One:
US Citizen
Resident Alien
Non-Resident Alien

Member Ownership Information

Name (First, Middle, Last) _____	Member # _____
Street _____	SS/TIN # _____
City/State/Zip _____	DL# _____ State _____ Exp. _____
Cell Phone _____	Date of Birth _____
Work Phone _____	Home Phone _____
Membership Eligibility _____	Employment _____
E-mail _____	Secure Word _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT - 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 does this mean to you?** When you open an account, we will ask you 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. If we are unable to verify your identity, the account will not be opened. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Account Ownership

JOINT ACCOUNTS HAVE RIGHTS OF SURVIVORSHIP unless you provide us with written directions not to elect rights of survivorship on the account(s). Upon the death of one joint owner, the surviving owner(s) will have equal rights of ownership. The balance in the account(s), excluding IRA Accounts, belongs to the surviving joint owner(s).

JOINT OWNER #1

Name (First, Middle, Last) _____	Social Security # _____
Street _____	DL# _____ State _____ Exp. _____
City/State/Zip _____	Date of Birth _____
Cell Phone _____	Home Phone _____
Work Phone _____	Secure Word _____
E-mail _____	Other _____

JOINT OWNER #2

Name (First, Middle, Last) _____	Social Security # _____
Street _____	DL# _____ State _____ Exp. _____
City/State/Zip _____	Date of Birth _____
Cell Phone _____	Home Phone _____
Work Phone _____	Secure Word _____
E-mail _____	Other _____

Account Type - Credit Union will complete.

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 below unless the credit union is notified in writing of a change.

Suffix: Share/Savings _____	Suffix: Vacation Club _____	Suffix: Triangle Teen Share _____
Basic Checking/Share Draft _____	Christmas Club _____	Triangle Teen Checking/Share Draft _____
Interest Checking/Share Draft _____	Share Certificate/CD _____	Triangle Kids Share _____
Money Fund _____	Other _____	Other _____

Account Services - Credit Union will complete.

Payroll Deduction/Direct Deposit _____
Home Banking _____
Overdraft Protection (indicate transfer priority below)

Visa Check Card _____
TouchTone Teller _____
Other _____

Account Designations

Payable on Death (POD)

Designate specific account(s): _____

If you would like to establish your account as a Payable-on-Death Account and you would like to designate a beneficiary(ies), complete the appropriate section(s) below. The account owner(s) reserve the right to change or revoke this designation at any time. If you're naming only one beneficiary, put 100% in the space provided. If you name more than one beneficiary, please indicate what percentage each is to receive. The total must equal 100%.

Beneficiary/POD Payee #1

_____ %

Name (First, Middle, Last) _____
Street _____
City/State/Zip _____
SS# _____ DOB _____

Beneficiary/POD Payee #2

_____ %

Name (First, Middle, Last) _____
Street _____
City/State/Zip _____
SS# _____ DOB _____

Beneficiary/POD Payee #3

_____ %

Name (First, Middle, Last) _____
Street _____
City/State/Zip _____
SS# _____ DOB _____

Beneficiary/POD Payee #4

_____ %

Name (First, Middle, Last) _____
Street _____
City/State/Zip _____
SS# _____ DOB _____

Personal Agent Account

(G.S. 54-109.63)

I understand that by establishing a personal agency account under the provisions of N.C.G.S. 54-109.63 that the agent named in the account may 1) sign checks drawn on the account; and 2) make deposits into the account. I also understand that upon my death, the money remaining in the account will be controlled by my will or inherited by my heirs.

Print Name of Agent (First, Middle, Last) _____
SS# _____ DOB _____

Signature _____ Date _____

Designate specific account(s) _____

UTMA/UGMA as custodian for:

_____ (minor)
Under the Uniform Transfers/Gifts to Minors Act). Minor's SSN/TIN: _____ Minor's DOB _____

UTMA and UGMA accounts are accounts set up to benefit a minor, but controlled by an adult custodian (parent, guardian, relative, etc.) until the minor is legally considered an adult, which differs by state. At that point, the account assets transfer into the name of the minor.

Custodian Name _____ Successor to Custodian _____

THIS SECTION - CREDIT UNION USE ONLY

Checklist Complete

OFAC Check Complete

Date of Membership

Member Verification _____

Opened/Approved by:

Date Verified _____

Verified by:

Checking/Share Draft # _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING

W-9 CERTIFICATION - IF DEPOSITOR IS U.S. CITIZEN OR RESIDENT ALIEN UNDER PENALTIES OF PERJURY:

I certify (1) that 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 back-up withholding under federal laws, 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. 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 have failed to report all interest and dividends on your tax return.

W-8 CERTIFICATION - IF DEPOSITOR IS FOREIGN PERSON OR ENTITY: Certification is provided on a separate document.

MEMBERSHIP APPLICATION AGREEMENT

Each applicant, authorized user, or other party signing this application, (together herein referred to as "applicant(s)"), hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of RTP Federal Credit Union ("Credit Union"). Applicants certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. By signing below, you acknowledge receipt and agree to be bound by any terms and conditions of the following: Membership Application, Terms and Conditions of Your Account, Truth-in-Savings, Common Features and Fees, Funds Availability Policy, and to any other separate account/service applications or agreements, as amended from time to time. If an access card or electronic service is requested and provided, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. Each applicant consents that the Credit Union may make inquiries to verify employment history, eligibility for any account(s) and service(s), and to obtain information concerning any accounts with other institutions. Each applicant consents that the Credit Union may (a) obtain your credit report for the purposes of verifying the information on this Membership Application, determining your eligibility for the account, credit, and/or service(s), and identifying additional credit union products and services to offer to you; (b) that the credit union may obtain your credit report at a later time for the purposes of reviewing and collecting on the account, credit, or service(s); and (c) that the credit union may report information concerning their account(s) and services to others. Joint owners are equally responsible, jointly and individually, for complying with all terms of all agreements and policies of RTP Federal Credit Union. If a joint owner is indicated, all accounts established under this membership, except IRA Accounts, will be a Joint Account with Right of Survivorship unless you provide us with written directions not to elect rights of survivorship on the account(s). All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.

Member Signature _____

Date _____

Signature (Joint Owner) _____

Date _____

Signature (Joint Owner) _____

Date _____

*** Notarized Signature(s) required when submitting by mail or when signer is not present**

NOTARY ACKNOWLEDGMENT

State of _____ County of _____

I certify that the following person(s) personally appeared before me on this day, each acknowledging to me that he or she signed

the foregoing document: _____
Name(s) of principal(s)

Date: _____

Official Signature of Notary

(Official Seal)

Notary's Printed Name

My commission expires: _____

NOTARY ACKNOWLEDGMENT

State of _____ County of _____

I certify that the following person(s) personally appeared before me on this day, each acknowledging to me that he or she signed

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Name(s) of principal(s)

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