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MEMBERSHIP APPLICATION

MEMBERSHIP AND OWNERSHIP INFORMATION

ACCOUNT OWNERSHIP (Choose one):

(If a Joint Account, please complete the **JOINT APPLICANT** section)

INDIVIDUAL JOINT WITH RIGHTS OF SURVIVORSHIP JOINT WITHOUT RIGHTS OF SURVIVORSHIP

JOINT ACCOUNT WITH RIGHTS OF SURVIVORSHIP - Upon the death of an account owner, the deceased owner's interest in the account passes to the surviving owner(s) of the account.

JOINT ACCOUNT WITHOUT RIGHTS OF SURVIVORSHIP - Upon the death of an account owner, the deceased owner's interest in the account passes as a part of the owner's estate by will, trust, or intestacy.

MEMBER NAME (First, MI, Last): _____ MEMBER ACCOUNT #: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____

PHYSICAL ADDRESS: _____
(Do not enter PO Box or mailing address here - enter below)

CITY: _____ STATE: _____ ZIP: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
(If different than physical address)

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

PRESENT EMPLOYER: _____

START DATE: _____ JOB TITLE/POSITION: _____ SALARY/HOURLY WAGE: _____

MEMBERSHIP ELIGIBILITY: _____

JOINT APPLICANT

NAME (First, MI, Last): _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____

PHYSICAL ADDRESS: _____
(Do not enter PO Box or mailing address here - enter below)

CITY: _____ STATE: _____ ZIP: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
(If different than physical address)

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

PRESENT EMPLOYER: _____

START DATE: _____ JOB TITLE/POSITION: _____ SALARY/HOURLY WAGE: _____

PAYABLE ON DEATH (POD) ACCOUNT DESIGNATIONS

ALL ACCOUNTS DESIGNATE SPECIFIC ACCOUNTS: _____

PAYEE: _____ PAYEE: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE, ZIP: _____ CITY, STATE, ZIP: _____

ACCOUNT TYPES AND SERVICES

- Share/Savings Holiday Club Club Account ATM/Debit Card
- Share Draft/Checking Individual Retirement Account Home Banking Bill Pay

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting on a number to be issued), 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. For federal tax purposes, you are considered 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).
- (4) The FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct.

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) _____ Exemption from FACTA reporting code (if any) _____

AUTHORIZATION

I/We submit this completed and signed Membership Application for membership in Virginia Beach Postal Federal Credit Union. I/We agree to conform to the terms and conditions as set forth in 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. You 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, you agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. By signing below, I/we hereby make application to Virginia Beach Postal Federal Credit Union to check my credit history for any reason, including verification of the information on this application.

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

PRIMARY APPLICANT SIGNATURE: _____ DATE: _____

JOINT APPLICANT'S SIGNATURE: _____ DATE: _____