InFirst Federal Credit Union
Phone: 703.914.8700 / 540.986.0652
Fax: 703.245.0540
infirstfcu.org
memberservices@infirstfcu.org

# TERM SHARE / CERTIFICATE APPLICATION & AGREEMENT

**Account(s) Opened:** I would like to open the following share certificate account(s):

| Term (Indicate number of certificates) | Amount* | IRA | Term (Indicate number of certificates) | Amount* | IRA |
|---|---|---|---|---|---|
| ☐ 6 Months _____ | $_____ | ☐ Y ☐ N | ☐ 48 Months _____ | $_____ | ☐ Y ☐ N |
| ☐ 12 Months _____ | $_____ | ☐ Y ☐ N | ☐ 60 Months _____ | $_____ | ☐ Y ☐ N |
| ☐ 24 Months _____ | $_____ | ☐ Y ☐ N | ☐ Other/Special Promo _____ | $_____ | ☐ Y ☐ N |
| ☐ 36 Months _____ | $_____ | ☐ Y ☐ N | | | |

☐ 5 Year Jumbo Certificate (Indicate number of certificates) #_____ Amount ($50,000 minimum deposit required) $_____

* $1,000.00 minimum deposit required for Share Certificates and $100.00 minimum deposit required for Youth Share Certificates.

**Fund Account:** Please deposit or transfer funds to my new Share Certificate as indicated below. I acknowledge that I have read and understand the applicable Account Disclosure(s) (furnished to me separately) related to the Account(s) I am opening, including the information about any penalty(ies) I may incur for early withdrawal.

☐ Please transfer funds from an existing InFirst FCU account to my new Share Certificate account: ☐ Share ☐ Checking Account ☐ Other _____

☐ I will mail a check in the amount of $_____ to fund my new Share Certificate.

☐ Please deposit funds in the amount of $_____ from another Share Certificate that is maturing: Date of Maturity ___/ ___/ ___ Certificate # _____

**Joint Account:** If You are establishing a Joint Account, please check only one box below and sign where applicable:

☐ Joint Account with Survivorship
*(On the death of a party to the Account, the deceased party's ownership in the Account passes to the surviving party or parties to the Account.)*
_____
_____

☐ Joint Account – No Survivorship
*(On the death of a party to the Account, the deceased party's ownership in the Account passes as part of the party's estate under the party's will, trust, or by intestacy.)*
_____
_____

## IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 this means for 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.

## Primary Owner Information

☐ Member ☐ Trust ☐ Other Specify: _____ Are You a U.S. citizen or U.S. resident? ☐ Yes ☐ No

| Name: Prefix - Optional (Mr., Ms, Mrs.) | First | Last | M.I. | Suffix |
|---|---|---|---|---|
| | | | | |

| Physical Address | Apt/Box | City | State | Zip |
|---|---|---|---|---|
| | | | | |
| **Mailing Address (if different)** | **Apt/Box** | **City** | **State** | **Zip** |
| | | | | |

| Home Telephone | Cellular Telephone | Business Telephone | E-Mail Address | Birth Date |
|---|---|---|---|---|
| | | | | |

| Social Security Number | Driver's License Number/State/Exp. Date | Employer | Occupation | Mother's Maiden Name |
|---|---|---|---|---|
| | | | | |

## Additional Signer 1 Information

☐ Joint Owner ☐ Trustee ☐ Other Specify: _____ Relationship to Member:

| Name: Prefix - Optional (Mr., Ms, Mrs.) | First | Last | M.I. | Suffix |
|---|---|---|---|---|
| | | | | |

| Physical Address | Apt/Box | City | State | Zip |
|---|---|---|---|---|
| | | | | |
| **Mailing Address (if different)** | **Apt/Box** | **City** | **State** | **Zip** |
| | | | | |

| Home Telephone | Cellular Telephone | Business Telephone | E-Mail Address | Birth Date |
|---|---|---|---|---|
| | | | | |

| Social Security Number | Driver's License Number/State/Exp. Date | Employer | Occupation | Mother's Maiden Name |
|---|---|---|---|---|
| | | | | |

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## Additional Signer 2 Information ☐ Joint Owner ☐ Trustee ☐ Other Specify: _____ Relationship to Member:

| Name: Prefix - Optional (Mr., Ms, Mrs.) | First | Last | M.I. | Suffix |
|---|---|---|---|---|
| | | | | |

| Physical Address | Apt/Box | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Mailing Address (if different) | Apt/Box | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Home Telephone | Cellular Telephone | Business Telephone | E-Mail Address | Birth Date |
|---|---|---|---|---|
| | | | | |

| Social Security Number | Driver's License Number/State/Exp. Date | Employer | Occupation | Mother's Maiden Name |
|---|---|---|---|---|
| | | | | |

## Payable-On-Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____ Address _____ SSN _____ DOB _____ Percentage _____

Name _____ Address _____ SSN _____ DOB _____ Percentage _____

Name _____ Address _____ SSN _____ DOB _____ Percentage _____

## Request to Receive Electronic Documentation

☐ ***If this box is checked, You request that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation Disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.***

## Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; and (2) that unless You have indicated to the contrary, You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding, or You are exempt from backup withholding; (3) unless You have indicated to the contrary, You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

☐ You are subject to backup withholding ☐ You are a foreign person and not a U.S. citizen or U.S. resident alien (complete W-8BEN)

Foreign person. If You are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-8 (Withholding of Tax on Nonresident Aliens and Foreign Entities) which can be obtained from a Credit Union representative or the IRS.

## Revocable Living Trust

You hereby certify that:

(1) This is a revocable trust. Name of Trust _____;
(2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds;
(3) The Trust Agreement appoints:

_____

_____
as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

(4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You indemnify Us from any liability and costs We may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this account to the living trust named above.

**You agree to be bound by the terms and conditions of this Account with InFirst Federal Credit Union and the Credit Union's bylaws, rules and regulations in effect from time to time.**

**Lien Impressment and Set-Off.** You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

| Signature of Settlor/Trustee of above Trust | Signature of Settlor/Co-Trustee of above Trust |
|---|---|
| Signature of Settlor/Co-Trustee of above Trust | Signature of Settlor/Co-Trustee of above Trust |

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## Signatures

You warrant the truth of the information contained in Your application and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of InFirst Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information (e.g. a consumer credit report). In addition to establishing Your Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for InFirst Federal Credit Union to follow Your written instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

**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 Owner Signature | Date | Additional Signer #1 Signature | Date |
|---|---|---|---|
| Additional Signer #2 Signature | Date | | |

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