

Instructions

To join PFCU, please complete the following:

- Section #1 Personal Information
- Section #2 Membership Eligibility
- Section #4 Member Signature
- Section #5 Beneficiary Designation
(Individual Accounts Only)

All Joint Accounts, complete the following:

- Section #3 Joint Member Information
- Section #4 Membership Signature

All applicable sections must be completed in their entirety.

Incomplete applications may be returned.

1. Personal Information

Full Name _____

Address _____

City _____ State _____ Zip _____

SSN _____ Birthdate _____

Home# _____ Cell# _____

Employer _____

Dept./Occupation _____

Work Phone _____

Hire Date _____

Driver's License # _____

Mother's Maiden Name _____

E-mail address _____

2. Eligibility

I am eligible for membership through: (Please check one of the following and complete corresponding lines.)

My Employer: _____

Family Member: _____

Address: _____

City _____ State _____ Zip _____

Phone Number _____

Relationship _____

3. Joint Member Information

Full Name _____

Address _____

City _____ State _____ Zip _____

SSN _____ Birthdate _____

Home# _____ Cell# _____

Employer _____

Dept./Occupation _____

Work Phone _____

Hire Date _____

Driver's License # _____

Mother's Maiden Name _____

E-mail address _____

4. Member Signature

Membership Authorization: I hereby make application for membership in Postal Family Credit Union, Inc. (PFCU), and I agree to conform to its laws and amendments thereof and subscribe for at least one share. I certify that I am within the field of membership of PFCU; the information provided on this application is true and correct; and my signature on this card applies to all accounts under my name at PFCU. I also agree to be bound to the terms and conditions of any account that I have in PFCU now or in the future. I agree I received a copy of Truth In Savings Disclosure, "Important Account Information For Our Members" by my signature below. **Accounts not Federally Insured** - By member choice accounts are insured by ASI for up to \$250,000. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. MEMBERS ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY. Under penalties of perjury, I certify that: 1. The number shown on this form is my correct tax- payer identification number, (or I am waiting for a number to be issued to me), and 2. I am exempt from 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 US person (including a US resident alien).** The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Joint Share Agreement: PFCU is hereby authorized to recognize any of the undersigned in the payment of funds of transaction of any business for this account. The undersigned agree with each other and with PFCU that all sums now paid in on shares, or heretofore or hereafter paid in on shares by the undersigned to their credit as the undersigned with all accumulations thereon, are and shall be owned by the undersigned jointly, with

right of survivorship and be subject to the withdrawal or receipt of the undersigned and the payment of any of the undersigned or the survivors or survivors shall be valid and discharge said PFCU from any liability for such payment. The undersigned may not assign, pledge or encumber this share account other than to secure indebtedness owing to PFCU. The right or authority of PFCU under this shall not be changed or terminated by us, expect by written notice to PFCU, which shall not affect transactions theretofore made.

PAL & WEB PAL: I hereby apply for a remote response PIN (Personal Identification Number) from PFCU. I understand that a special PIN will be assigned to me for access to remote responses. The PIN will allow me to access my accounts at PFCU for information, transfers and withdrawal purposes. The types of transactions, which I can perform through the remote response will be controlled by increase or decrease those transactions. I agree to take all reasonable precautions to prevent the unauthorized disclosure of my PIN. If holder has authorized another person to use the remote response service in any manner, any use of the service and the PIN shall be deemed as use by the holder and the holder agrees to accept full responsibility for such use. I shall be liable for all transactions and charges made in connection with this service. I agree that PFCU may contact my relative to determine my eligibility to join PFCU. I (we) agree that PFCU may contact any source necessary to determine my/our credit and financial responsibility, and identity. The information provided on this application is true and complete.

Important
When application is complete, be sure to sign (and have joint member sign, if applicable) at the bottom of Section 4. Return or mail a \$5.25 deposit (includes \$.25 membership fee) or \$5.50 for joint account (check or money order please) to: PFCU, PO Box 14403, Cincinnati, OH 45250-0403.

Signature of Primary Member Date _____

Joint Signature Date _____

5. Beneficiary Designation Payable

on Death *Complete for single accounts only*

I hereby designate _____
(Please print Beneficiary's Name)

Relationship, if any _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

as beneficiary of this account. Subject to the provisions of the agreement and to any statutes relating to such matters, now or hereafter in force, the amount of this share account at my death, shall be paid by this PFCU to the beneficiary, if the beneficiary shall survive me. I retain sole ownership of this account during my lifetime, and the entire share account may be withdrawn in whole or in part by me as though a beneficiary had not be designated, except that I may not assign, pledge, or encumber this share account other than to secure indebtedness owing PFCU. Payment to the beneficiary after my death shall constitute a full release and discharge of PFCU and shall be binding upon my heirs, executors, administrators and assigns. PFCU reserves the right to require satisfactory proof of my death and the identity of the beneficiary. The designation of the beneficiary named above supercedes and has the effect of revoking the previous appointment of any other beneficiary. I reserve the right to change or cancel the beneficiary named above by written instrument not be effective unless delivered to PFCU in a form satisfactory to PFCU, which shall during my lifetime. I agree to be bound by all rules and regulations of PFCU applicable to this account, and by all amendments and additions thereto hereafter made. PFCU is hereby given the right to apply, either before or after my death any balance in this account(s) to the payment of any indebtedness to PFCU, whether due or to become due.



MEMBERSHIP APPLICATION

For Office Use Only

This application was approved by:

Membership Officer

Date

Account Number