



FOR OFFICE USE ONLY

Opened by:

Account Number:

Teller No:

Membership Application (Side A)

IMPORTANT INFORMATION. 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 for your name, address, date of birth, and other information that will allow us to identify you. By submitting this application, you authorize Congressional Federal Credit Union to obtain information necessary to verify your identity. This may include information obtained from consumer reporting agencies, public databases, or other sources. If Congressional Federal Credit Union is unable to verify information that you provide, an account may not be opened. Congressional Federal Credit Union reserves the right to close your account if it determines at a later date that it does not know your true identity. Online application is available for applicant(s) who are 18 years and older at www.CongressionalFCU.org.

PRIMARY ACCOUNT OWNER ELIGIBILITY

<input type="radio"/> I am a Member of Congress.	
<input type="radio"/> I am an employee of the U.S. House of Representatives.	Member Office: Badge ID#:
<input type="radio"/> I am an employee or member of a select employee group:	
<input type="radio"/> AOC <input type="radio"/> Capitol Police <input type="radio"/> CAO <input type="radio"/> Sergeant of Arms <input type="radio"/> House Committee Staff	
<input type="radio"/> Other Employer or Association Name:	
<input type="radio"/> I am related to a member of Congressional Federal.	
Sponsoring Member's Name:	Relationship to Sponsor:
I certify that this person is related to me and is eligible for membership at Congressional Federal.	
Sponsor's Signature:	Sponsor's Account #:
<input type="radio"/> I am already a member.	Account #:

PRIMARY ACCOUNT OWNER INFORMATION

☐ Preferred Point of Contact (Select if Preferred Point of Contact)

Name:	<input checked="" type="radio"/> Email Address:	
Home Street Address (not PO Box):		
City:	State:	Zip:
Mailing Address (if different from above):		
City:	State:	Zip:
Select Preferred Method of Phone Contact		
<input type="radio"/> Home Phone:	<input type="radio"/> Cell Phone:	<input type="radio"/> Work Phone:
Date of Birth:	SS#:	Mother's Maiden Name:
Driver's License or Passport Number:		
Issue State:	Issue Date:	Exp. Date:
Employer Name:		Job Title:

JOINT ACCOUNT OWNER INFORMATION

☐ Preferred Point of Contact (Select if Preferred Point of Contact)

Name:	<input checked="" type="radio"/> Email Address:	
Home Street Address:		
City:	State:	Zip:
Mailing Street Address (if different from above):		
City:	State:	Zip:
Select Preferred Method of Phone Contact		
<input type="radio"/> Home Phone:	<input type="radio"/> Cell Phone:	<input type="radio"/> Work Phone:
Date of Birth:	SS#:	Mother's Maiden Name:
Driver's License or Passport Number:		
Issue State:	Issue Date:	Exp. Date:
Employer Name:		Job Title:

<input type="radio"/> JOINT ACCOUNT WITH RIGHT OF 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 on the account.	<input type="radio"/> JOINT ACCOUNT WITH 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.
Primary Member Signature: Date:	Primary Member Signature: Date:
Joint Member Signature Date:	Joint Member Signature Date:

Membership Application (Side B)

REQUIRED DOCUMENTS

- **For new members:** a copy your driver's license or other form of government ID is required.
- **For minor accounts:** a copy of the minor's Social Security card is required. For Congressional Kids and Freedom savings accounts, the minor will be the primary account holder and the parent or guardian will be the joint account holder.

ACCOUNT TYPES

- ☐ Classic Checking
- ☐ Capitol Checking¹
- ☐ Congressional Kids savings account (*ages up to 12yr*)
- ☐ Congressional Freedom account² (*ages 13 - 17*)

TOTAL INITIAL DEPOSIT: \$

HOW DO YOU WANT THIS AMOUNT DEPOSITED INTO YOUR ACCOUNT(S)?

Please enclose a check or money order.

Savings: (\$5 min.) \$

Checking: \$

Money Market: \$

Certificate: \$

Other: \$

You must deposit a minimum of a \$5.00 share into your base savings account.

Transfer from an account held at:

Routing Number:

Account Type:

Amount: \$

Account #:

STATEMENT OF INTEREST

I AM INTERESTED IN THE FOLLOWING CONGRESSIONAL FEDERAL LOAN PRODUCTS:

- | | | |
|--------------------------------|---------------------------|--------------------------|
| Visa Signature Premier Rewards | <input type="radio"/> Yes | <input type="radio"/> No |
| Visa Signature Cash Rewards | <input type="radio"/> Yes | <input type="radio"/> No |
| Visa Platinum Rate Saver | <input type="radio"/> Yes | <input type="radio"/> No |
| Reserve Line of Credit | <input type="radio"/> Yes | <input type="radio"/> No |
| Personal Loan | <input type="radio"/> Yes | <input type="radio"/> No |
| Auto Loan | <input type="radio"/> Yes | <input type="radio"/> No |
| Home Equity Line of Credit | <input type="radio"/> Yes | <input type="radio"/> No |
| Mortgages | <input type="radio"/> Yes | <input type="radio"/> No |

ACCOUNT PASSWORDS

The security of your account is important to us. We use a multi-factor authentication process to allow you to electronically access your Congressional Federal Credit Union account. As we evaluate our processes for providing you access, we may require you to use additional security procedures.

ONLINE & MOBILE BANKING

(Must contain 8-20 alphanumeric, upper case, lower case and special characters)³

TELLER 24 PHONE BANKING

(4 digits Only)

VERBAL ACCOUNT PASSWORD

(When you call Member Services)

AGREEMENT

I hereby make application for membership in and agree to the Bylaws, as amended, of Congressional Federal Credit Union (the "Credit Union"). Under penalties of perjury, I certify that I am within the field of membership of this Credit Union; the information provided on this application is true and correct; and my signature on this form applies to all my accounts under my name at this Credit Union and constitutes a request for any identifying number and/or access device issued by the Credit Union in connection with such account. I authorize the Credit Union to obtain information necessary to verify my identity, including but not limited to obtaining a credit report about me.

CREDIT REPORT AUTHORIZATION: By signing below, you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension, or collection of credit that you receive. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information that you have provided. By signing below, you affirm that all information on this document, or that has been provided elsewhere, is correct.

FOR ACCOUNT AND/OR ACCOUNT SERVICES: By signing below, I agree to be

bound to the terms and conditions of any account that I have with the Credit Union now and in the future and to any amendments to these documents that the Credit Union may make from time to time. I acknowledge receipt of the "About Your Accounts" Agreement and Disclosure and, if applicable, W-9 instructions.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

1. The number shown on this form is my correct taxpayer identification number, 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 and 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 U.S. resident alien), and
4. I am exempt from FATCA reporting. 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. the IRS does not require your consent to any provision of this document other than certifications to avoid backup withholding.

SIGNATURES

Primary Member Signature:

Date:

Joint Owner Signature:

Date:

SUBMIT APPLICATION: Mail to: P.O. Box 23267, Washington D.C. 20026-3267 | Fax to: 703.934.8307

Securely send documents to: www.CongressionalFCU.org/MembershipApp

¹Dividends are earned on balances of \$1,000 or more. A monthly fee is waived with either a Home Equity Line of Credit or a combined deposit and loan balance of \$10,000 or more. All regular checking options are available. ²Checks for the Congressional Freedom checking account must be requested by the guardian or parent prior to ordering. ³Password must contain characters that are uppercase, lowercase, special such as "!, #, \$, %, &, @, ., -, or _" and a number. Spaces between words do not count as part of the 8 - 20 characters.