CONGRESSIONAL FEDERAL CREDIT UNION

FOR OFFICE USE ONLY | Opened by:

Account Number: | Teller No:

Youth Account 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 **CongressionalFCU.org.**

YOUTH PRIMARY ACCOUNT OWNER INFO

Name:

Home Street Address (not PO Box):

City: | State: | Zip:

Mailing Address (if different from above):
Home Street Address (not PO Box):

City: | State: | Zip:

Date of Birth: | SS#: | Mother's Maiden Name:

Email Address: | Phone:

PARENT/GUARDIAN/JOINT INFORMATION

Name: | Email Address:

City: | State: | Zip:

Mailing Address (if different from above):
Home Street Address (not PO Box):

City: | State: | Zip:

Select Preferred Method of Phone Contact

○ Home Phone: | ○ Cell Phone: | ○ 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's Relationship to Primary:

I certify that this person is related to me and is eligible for membership at Congressional Federal.

Sponsor's Signature: | Sponsor's Account #:

- ○ Live, work, study, or worship in field of membership
- ○ Family sponsorship - relation with a member
- ○ None of the above; I'd like to qualify by joining the Friends of the National Arboretum (there is no cost to join).

REQUIRED DOCUMENTS

- **For minor accounts:** a Social Security card is required. The minor will be the primary account holder and the parent, guardian, or joint will be the joint account holder.

ACCOUNT TYPES

○ Congressional Kids savings account *(ages 0 - 12)*

○ Congressional Freedom account[1] *(ages 13 - 17)*

You are automatically enrolled in eStatements after registering for online and mobile access.

Youth Account Application (Side B)

TOTAL INITIAL DEPOSIT: $

HOW DO YOU WANT THIS AMOUNT DEPOSITED INTO YOUR ACCOUNT(S)? You must deposit a minimum of a $5.00 share into your base savings account.

Please provide funding account information below. You may fund with a check or money order if mailing or in-person.

Congressional Kids / Freedom Savings($5 min.): $ | Congressional Freedom Checking: $

Money Market: $ | Certificate: $

Other:$

Transfer from an account held at:

Routing Number:

Account Type:

Amount: $ | Account #:

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.

VERBAL ACCOUNT PASSWORD
(When you call Member Services)

Password with hint for identity verification when calling the Credit Union. Please follow this format: PASSWORD (HINT)
Example: FIDO (FIRST DOG'S NAME)

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.

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

Youth Primary Account Signature: | Joint Owner Signature:

Date: | Date:

SUBMIT APPLICATION: Mail to: PO Box 2408, Merrifield, VA 22116 I Fax to: 703.934.8307
Securely send documents to: **www.CongresslonalFCU.org/MembershipApp**

[1]Checks for the Congressional Freedom checking account must be requested by the guardian or parent prior to ordering.