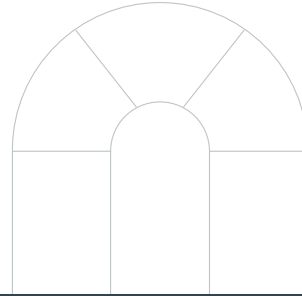




Welcome to Congressional

A few details are all we need to get started.



Before You Begin

Federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account, to help fight terrorism financing and money laundering. When you open an account, we will ask for your name, address, date of birth, and other identifying information, and by submitting this application you authorize Congressional Federal Credit Union to verify that information through consumer reporting agencies, public databases, or other sources. We may be unable to open or may later close an account if we cannot verify your identity.

What You'll Need

Having these items ready will help us complete your application.

- For youth accounts, a social security number is required. The youth will be the primary account holder, and the parent, guardian, or other will be the joint account holder.

About the Account Owner

This section is for the child or teen. We'll ask for the parent, guardian, or joint's information next.

Name

Date of Birth SSN

Phone Email

Street Address

City State Zip

Mailing Address (if different from above)

City State Zip

Joint Account Owner

A space for the parent, guardian, or joint owner who's helping establish this strong financial foundation.

Name

Date of Birth SSN

Phone Email

Street Address

City State Zip

Mailing Address (if different from above)

City State Zip

☐ I certify that this is my family member and is eligible for youth membership at Congressional.

Choose How You'd Like to Begin

Every young member's story starts somewhere. Select the account that fits this chapter.

☐ Congressional Kids Savings Account
ages 0 – 12 years old

☐ Congressional Freedom Account¹
ages 13 – 17 years old

Registering for online and mobile banking automatically enrolls you in eStatements.

Protecting Your Account

Your security matters to us. When you call Member Services, we'll use a verbal password to verify it's you.

Password

Your Hint

Before You Sign

Please review the following information associated with your membership and accounts.

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 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.

One Last Step

You're almost there. Review your information, sign below, and we'll take it from here.

Primary Account Owner Signature

Date

Joint Account Owner Signature

Date

SUBMIT YOUR APPLICATION: Mail to: PO Box 2408, Merrifield, VA 22116 | Fax to: 703.934.8307
Securely send documents to: CongressionalFCU.org/MembershipApp

We look forward to welcoming you to Congressional.