



NEW ACCOUNT FORM

Application for Membership

1145 17th Street, NW • Washington, DC 20036

Tel: 202.775.6135 • Fax: 202.429.5703

USA Patriot Act: To help the US 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 that opens a new account. We need one type of picture identification (U.S. or country of origin). Also, each person authorizes us to verify all information provided to us, including obtaining a credit report.

For Account and/or Service Request: By completing this card and signing below, you apply for membership in OASFCU, and acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth in Savings Disclosure, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and Disclosure and Privacy Notice and to any amendments to these documents that the Credit Union may make from time to time.

Primary Member/Owner Information

Name and Last Name:

Date of Birth: (MM/DD/YYYY)

SSN/TIN:

Home Address:

City/State/Zip Code:

Country:

Mailing Address: (If different than home)

City/State/Zip Code:

Country:

Personal Email:

Work Email:

Government Issued ID No.:

Type of ID:

Issue Date:

Expiration Date:

Mobile Number:

Work/Home Number:

Member Number

Ownership and Type of Account

Designate the ownership of the account and responsibility for the services requested:

- Individual Account
- Joint Account with Survivorship (Complete the Joint Owner Section)

I would like to open:

- Regular Share Draft or Regular Checking Account

Service Request

Activate the following FREE services:

- Online Banking
- Bill→Pay
(Electronic Bill Payment)
- Mobile Banking

Issue a VISA Debit Card (to access the draft account) for:

- Member
- Joint Owner
- eStatements

Membership Eligibility

I am eligible for membership through my (please select one):

- Employer/membership with: _____
(name of the organization that grants membership eligibility)
- My relationship with _____, as:
(name of the person that grants membership eligibility)
- Spouse Child Parent Grandparent Sibling
- I am a current member and my account number is _____
- I am a household of a current member

Tax Related Certification and Agreement

I, _____ (Name of the Primary Owner) certify, in accordance with the IRS W-9 instructions and under penalty of perjury, that the Social Security/Taxpayer Identification Number shown is correct and that I am NOT, unless otherwise designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the Internal Revenue Service (IRS) has notified me that I am not longer subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

- I am subject to backup withholding I am exempt from backup withholding
- I am not a U.S. citizen or resident alien (Complete the W-8BEN)

X

Signature

Date

Joint Account with Survivorship

I, _____ **X** _____ would like to establish a Joint Account with rights of Survivorship for _____
 Name of the Primary Owner Signature Name of the Joint Owner

Provision: (1) any one person named as joint owner in the account may make or direct a withdrawal from the account unless (2) I elect to create the right of survivorship in the account, that upon my death the money remaining in the account will not pass by inheritance to my heirs, but will belong to the surviving joint owner. I also certify that I will provide copies of the necessary forms of identification of the Joint Owner and that, to the best of my knowledge, they are lawful and valid forms of identification; I am providing this information under the US Patriot Act and that I have a reasonable belief that the information provided is accurate and current.

Joint Owner Tax Related Certification and Agreement

I, _____ (Name of the Joint Owner) certify, in accordance with the IRS W-9 instructions and under penalty of perjury, that the Social Security/Taxpayer Identification Number shown is correct and that I am NOT, unless otherwise designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

- I am subject to backup withholding I am exempt from backup withholding I am not a U.S. citizen or resident alien (Complete the W-8BEN)

Joint Owner Information

Name and Last Name:	Date of Birth: (MM/DD/YYYY)	SSN/TIN (If Applicable):
Home Address:	Mailing Address: (If different than home):	
City/State/Zip Code:	Country:	City/State/Zip Code:
Country:	Country:	Country:
Email Address:	Mobile Number:	Work/Home Number:
Government Issued ID No.:	Type of ID:	
Issue Date:	Expiration Date:	X
	Joint Owner Signature	Date

Payable on Death Beneficiary Information

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the account(s) listed under the Member Number.

Name and Last Name:	Name and Last Name:
Date of birth: (MM/DD/YYYY)	Date of Birth: (MM/DD/YYYY)
SSN: (If Applicable)	SSN: (If Applicable)
Relationship:	Relationship
ID No.: (If Applicable)	ID No.: (If Applicable)
Other information that helps identified the Beneficiary:	Other information that helps identified the Beneficiary:

**FOR OAS
FCU USE**

Opened on: _____	Updated on: _____	Opened by _____	Verified by _____
Primary Owner Verification: <input type="checkbox"/> Personal Information <input type="checkbox"/> ID Type _____		Country _____	
<input type="checkbox"/> Credit Report <input type="checkbox"/> OFAC <input type="checkbox"/> Work Contract <input type="checkbox"/> Membership Card		<input type="checkbox"/> FOM _____	
Joint Owner Verification: <input type="checkbox"/> Personal Information <input type="checkbox"/> ID Type _____		Country _____	
<input type="checkbox"/> Credit Report <input type="checkbox"/> OFAC <input type="checkbox"/> Work Contract <input type="checkbox"/> Membership Card		<input type="checkbox"/> Other _____	