USA PATRIOT ACT

In order to protect our members from identity theft and in compliance with the Uniting and Strengthening America by providing Appropriate Tools Required to Intercept and Obstruct Terrorism (“USA PATRIOT”) Act, Justice Federal Credit Union will verify the identity of members applying for and opening new accounts or services. We will ask for your name, address, date of birth, and other documents or information that will allow us to identify you. Confidentiality of the information gathered will be in compliance with Federal Privacy Regulations and Justice Federal Credit Union’s established policies.
MEMBERSHIP/DEPOSIT APPLICATION

ALL INFORMATION MUST BE PROVIDED FOR THE APPLICATION TO BE PROCESSED.

FOR OFFICE USE ONLY
ACCOUNT #
DATE
BRANCH
VERIFIED

ELIGIBILITY*
☐ I AM AN EMPLOYEE OR MEMBER OF ONE OF THE FOLLOWING ORGANIZATIONS:
☐ Contractor
☐ U.S. District Courts
☐ DHS
☐ DOJ
☐ Law Enforcement Association
☐ Other Eligible Group
☐ None

☐ I AM A FAMILY MEMBER OF AN ELIGIBLE MEMBER.
Full name of your eligible family member**:
Zip Code of your eligible family member**:

APPLICANT INFORMATION

First Name
Mr. □ Ms. □ Mrs. □ Miss.
Last Name
City, State, Zip
Home Address (P.O. Box cannot be used as a home address)
Citizenship:
☐ U.S. Citizen
☐ Resident Alien
☐ Country of Origin
Social Security Number (Minor accounts require a copy of the minor’s Social Security card.)
City, State, Zip
Date of Birth (Minor accounts require a copy of the minor’s birth certificate.)
Email Address
Best way to contact you during the day:
☐ Home Phone
☐ Business/Day Phone
☐ Cell Phone
☐ Email Address
Relationship to Applicant
Home Phone
Employer
City, State, Zip
Occupation
Driver’s License Information
Mother’s Maiden Name
Driving License Number
Date of Birth
City, State, Zip
Email Address
Mailing Address
Employer
City, State, Zip
Occupation
Driver’s License Information
Mother’s Maiden Name
Driving License Number
Email Address
Mailing Address
Employer
City, State, Zip
Occupation
Driver’s License Information
Mother’s Maiden Name
Driving License Number

ACCOUNT SELECTION (Check all that apply)

☐ Share Savings Account**
($5 Minimum Opening Deposit)
☐ Young Savers Account**
($5 Minimum Opening Deposit)
☐ Freedom Checking Account ($25 Minimum Opening Deposit)
☐ Share with Me Account
($300 Minimum Opening Deposit)
☐ Money Market Account
($25 Minimum Opening Deposit)
☐ Traditional IRA Share
($1 Minimum Opening Deposit)
☐ Roth IRA Share
($1 Minimum Opening Deposit)
☐ Freedom Checking Account ($25 Minimum Opening Deposit)
☐ Justice National Rewards Account ($25 Minimum Opening Deposit)
☐ Beyond the Badge ($25 Minimum Opening Deposit)
☐ Student Checking Rewards Account ($25 Minimum Opening Deposit)
☐ Justice FCU Visa Debit Card
☐ Primary
☐ Joint
See representative for check options and pricing

CERTIFICATE ACCOUNTS
☐ Share Certificate ($500 Minimum Opening Deposit)
☐ Traditional IRA Certificate ($500 Minimum Opening Deposit)
☐ Roth IRA Certificate ($500 Minimum Opening Deposit)
☐ Jumbo Share Certificate ($100,000 Minimum Opening Deposit)
☐ Jumbo Traditional IRA Certificate ($100,000 Minimum Opening Deposit)
☐ Jumbo Roth IRA Certificate ($100,000 Minimum Opening Deposit)

Jumbo Share Certificate ($100,000 Minimum Opening Deposit)
☐ Jumbo Traditional IRA Certificate ($100,000 Minimum Opening Deposit)
☐ Jumbo Roth IRA Certificate ($100,000 Minimum Opening Deposit)

Amount of this Certificate: $________________________
$500 Minimum (Jumbo Certificates $100,000)

☐ 3 months
☐ 6 months
☐ 12 months
☐ 18 months
☐ 24 months
☐ 30 months
☐ 36 months
☐ 48 months
☐ 60 months

☐ Other Overdraft Protection Plans
☐ Other Overdraft Protection Plans
☐ Standard Overdraft Protection Plan
☐ Opt-In
☐ Opt-Out
☐ Standard Overdraft Protection Plan
☐ Cover overdraft(s) by automatically transferring funds from:
☐ Share Account(s)
☐ Justice Line of Credit.
A credit application and credit approval is required to establish a line of credit.

FUNDING OPTION FOR NEW ACCOUNT(S)

☐ Check attached for $___________
☐ Transfer $___________ From: __________________ Account: __________________
☐ Savings Account
☐ IRA Account
☐ Young Savers Account
☐ Checking Account
☐ Money Market Account
☐ Other Accounts

I AM A FAMILY MEMBER OF AN ELIGIBLE MEMBER.
Full name of your eligible family member**:
Zip Code of your eligible family member**:

I AM AN EMPLOYEE OR MEMBER OF ONE OF THE FOLLOWING ORGANIZATIONS:
☐ Contractor
☐ U.S. District Courts
☐ DHS
☐ DOJ
☐ Law Enforcement Association
☐ Other Eligible Group
☐ None

I AM A FAMILY MEMBER OF AN ELIGIBLE MEMBER.
Full name of your eligible family member**:
Zip Code of your eligible family member**:

*ALL INFORMATION MUST BE PROVIDED FOR THE APPLICATION TO BE PROCESSED.
### Right of Survivorship

All Justice FCU multiple-party share accounts (those with 2 or more owners) are held with survivorship, meaning upon the death of any of the undersigned, the account belongs to the surviving owners listed, as provided by law and the right of survivorship shall continue between the survivors unless the option marked “Without Survivorship” is checked. If “Without Survivorship” is checked, the interest of the deceased owner(s) will pass to the decedent’s estate.

#### Survivorship

(please select one)
- [ ] With Survivorship
- [ ] Without Survivorship

### Payable on Death (POD) Trust Account

(please attach an addendum in the event of more than two beneficiaries.)

<table>
<thead>
<tr>
<th>In the event of my/our death, I/we designate the following beneficiary(ies) to my/our account.</th>
<th>In the event of my/our death, I/we designate the following beneficiary(ies) to my/our account.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficiary Name</strong></td>
<td><strong>Beneficiary Name</strong></td>
</tr>
<tr>
<td><strong>JUSTICE FCU Account (if applicable)</strong></td>
<td><strong>JUSTICE FCU Account (if applicable)</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td><strong>Address</strong></td>
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<td><strong>Address</strong></td>
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</tr>
<tr>
<td><strong>Phone</strong></td>
<td><strong>Phone</strong></td>
</tr>
<tr>
<td><strong>Social Security Number</strong></td>
<td><strong>Social Security Number</strong></td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td><strong>Relationship</strong></td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
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</tr>
</tbody>
</table>

Beneficiary designation is made by the undersigned pursuant to the provisions set forth in JUSTICE FCU’s Payable on Death (POD) Designation found in the Membership and Account Agreement.

The account owner(s) reserve the right to change or revoke this designation at any time. This agreement is not valid unless signed by all owners of the account.

If more than two beneficiaries, please list additional names on a separate sheet of paper titled “Addendum to POD Beneficiary Designation.” Please refer to the Membership and Account Agreement for more details. Sign and date your addendum and return it with this application.

### Signatures and Disclosures (Joint Applicant Signature required on all joint accounts.)

**TIN Certification and Backup Withholding Information**

Under penalties of perjury, I certify that:
- (1) The number shown on this form is my correct taxpayer identification number, (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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien, a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate other than a foreign estate; or a domestic trust (as defined in Regulations section 301.7701-7).

**INSTRUCTIONS:**
- 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**PLEASE NOTE:** If you are an adult signing for a minor, please sign (your name), for (minor’s name).

<table>
<thead>
<tr>
<th>APPLICANT SIGNATURE*</th>
<th>NON-TRANSFERABLE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOINT APPLICANT SIGNATURE</td>
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</table>

### Acknowledgement (Joint Applicant Signature required on all joint accounts.)

I/we hereby make application for membership in the Justice Federal Credit Union and agree to its bylaws and amendments thereof and subscribe for at least one share. I/we acknowledge that a facsimile signature constitutes an original signature. I/we authorize the Credit Union or its agent to investigate my/our credit worthiness, employment history, eligibility for membership, to obtain a credit report and to answer questions regarding my/our credit history with JUSTICE FCU or its agents, and consent to the denial of an application for membership if the Credit Union determines in its sole discretion that I/we should not be granted membership. By signing this membership application, I/we certify and attest that the foregoing responses and information is true and correct.

**PLEASE NOTE:** If you are an adult signing for a minor, please sign (your name), for (minor’s name).

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