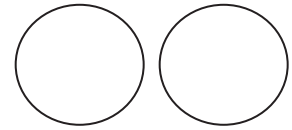




APPLICATION FOR MEMBERSHIP & SERVICES

Fort Bragg Federal Credit Union • P.O. Box 70240 • Fort Bragg, NC 28307
910-864-2232 • 800-793-2328 • FAX 910-487-8204 • Routing # 253175737
www.fortbraggfcu.org

Thumbprint



Account # _____
Date _____

I. PRIMARY MEMBER INFORMATION

Name _____ E-mail _____
Address/City/State/ZIP _____
CANNOT BE A POST OFFICE BOX
Phone # _____ Cell # _____ Mother's Maiden Name _____
SSN/TIN _____ Date of Birth _____ Driver's Lic. State & # _____ Exp. Date: _____
Present Employer (name & address) _____ Phone _____
Name, address & phone # of relative who does not live with you _____

I qualify for membership with Fort Bragg Federal Credit Union: Active Duty/ Retired Military: Expiration Date _____
 Family Member _____ Work on Fort Bragg AUSA Other _____

II. JOINT OWNER/CO-APPLICANT INFORMATION

Name _____ E-mail _____
Address/City/State/ZIP _____
CANNOT BE A POST OFFICE BOX
Phone # _____ Cell # _____ Mother's Maiden Name _____
SSN/TIN _____ Date of Birth _____ Driver's Lic. State & # _____ Exp. Date: _____

Name _____ E-mail _____
Address/City/State/ZIP _____
CANNOT BE A POST OFFICE BOX
Phone # _____ Cell # _____ Mother's Maiden Name _____
SSN/TIN _____ Date of Birth _____ Driver's Lic. State & # _____ Exp. Date: _____

III. OWNERSHIP OF ACCOUNT

SELECT ONE OWNERSHIP TYPE AND, IF APPLICABLE, INCLUDE A BENEFICIARY DESIGNATION. THE OWNERSHIP TYPE AND BENEFICIARY DESIGNATION SPECIFIED ON THIS DOCUMENT WILL REMAIN THE SAME FOR ALL ACCOUNTS LISTED BELOW.

1. **INDIVIDUAL** (Signature) _____
2. **CREDIT UNION JOINT ACCOUNT WITH RIGHT OF SURVIVORSHIP G.S. 54-109.58**
We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that:
 1. The credit union may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the credit union that withdrawals require more than one signature; and
 2. Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.
 We DO elect to create the right of survivorship in this account.
 X _____ X _____
3. **PAYABLE ON DEATH ACCOUNT G.S. 54-109.57**
I/we understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57 that:
 1. During my/our lifetime, I/we may withdraw the money in the account
 2. By written direction to the Credit Union, I/we individually or jointly, may change the beneficiary or beneficiaries
 3. Upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries, and the money will not be inherited by my (or our) heirs or be controlled by my/our will. X _____

(Name & Address of Beneficiary) _____

For Credit Union Use Only: Approved by: _____ Teller # _____

Approved for: Savings Kirby Extreme Teen Checking – Lite/Iron Mike/Patriot/Horizon
(Checkfax Code _____)

ODP (\$400 limit) e-Statements Other: _____

IV. CERTIFICATIONS

BACKUP WITHHOLDING CERTIFICATION – Check box (A) only if true or (B) below:

(A) **By signing, I** (name) _____ under the penalties of perjury certify that: 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **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 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. person (including a U.S. resident alien).

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

(B) A separate W-9 has been completed (or W-8 in the case of a non-resident alien).

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

V. REVIEW THE TERMS OF THE APPLICATION

FBFCU is under no obligation to pay any check, electronic transfer or authorized draft (collectively referred to as “overdrafts”) that exceeds the fully paid and collected balance in your checking account. By signing below, you understand that funds will be deducted from your savings account to cover overdrafts, unless you have funds available from an approved Overdraft Protection Line of Credit. You will be responsible for the resulting balance and subject to finance charges and other terms and conditions as disclosed to you in the Overdraft Protection Line of Credit agreement. You understand that having Non-Sufficient Funds (NSF) items may result in the closure of your checking account. You authorize us to deduct funds from any of your FBFCU accounts to recover funds disbursed to you on any item returned to FBFCU unpaid. If we sustain a loss on any of your accounts, you may no longer be eligible for services, including loans. You authorize us to charge your account the amount necessary to pay for each order of checks.

Disclosures will be provided for each service for which you have qualified. Use of the service by you or your agent certifies that you agree to the terms and conditions set forth in the disclosures.

VI. LINE OF CREDIT

Limit \$ _____ Annual Percentage Rate (APR): _____

I/we certify everything I/we have stated in this Fort Bragg Federal Credit Union Membership Application is true and accurate. I/we authorize you to share this application with any of your affiliates for the purpose of determining whether I/we may qualify for other products you or those affiliates offer. I/we authorize you to check my/our credit and employment history and to answer questions others may ask you about my/our record with you. I/we understand that I/we must update credit information at your request. My/our signature in Section VIII below signifies that I/we have received a copy of the Open End Credit Plan Agreement and Disclosure (the “Agreement”), which is incorporated herein by reference, and that I/we have read, understand, and agree to the terms and conditions printed on both sides of the Agreement. My/our signature below indicates my/our request to obtain a line of credit with Fort Bragg Federal Credit Union with a dollar limit and annual percentage rate as shown above. I/we agree to perform all of the obligations, requirements, and duties contained in the Agreement and related documents. Rates subject to change without notice.

X _____ X _____
Applicant Signature Date Co-Applicant Signature Date

You understand that credit insurance is not required as a condition of credit. You are not eligible for coverage if you have attained your 70th birthday (Credit Life Insurance) or 66th birthday (Credit Disability Insurance). You may rescind this request anytime prior to the date of any credit advance. You authorize the Credit Union to pay said premiums to Creditor Resources, Incorporated. Your issue certificate will explain benefits in detail.

Please indicate your insurance choice(s) here:

- YES NO YOU REQUEST SINGLE CREDIT LIFE INSURANCE • COST: \$.68 PER \$1,000 OF MONTH-END LOAN BALANCE
- YES NO YOU REQUEST JOINT CREDIT LIFE INSURANCE • COST: \$1.15 PER \$1,000 OF MONTH-END LOAN BALANCE
- YES NO YOU REQUEST CREDIT DISABILITY INSURANCE • COST: \$1.39 PER \$1,000 OF MONTH-END LOAN BALANCE

X _____ X _____
Applicant Signature Date Co-Applicant Signature Date

VII. SIGNATURES

By signing below the undersigned agree to the Credit Union by-laws and the terms and conditions of any approved account, as amended from time to time and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certify that the information provided on this application is true and correct and that the terms on this application apply to all listed accounts. The undersigned acknowledge receipt (if not in person, disclosures will be mailed) of a copy of the terms and conditions applicable to each listed account and the following policy disclosures:

Funds Availability, Truth-in-Savings, Electronic Fund Transfers, Open End Credit Plan Agreement & Disclosure, & Privacy Notice

- (1) X _____
Member Signature (Date)
- (2) X _____
Joint Signature (Date) Relationship to Member
- (3) X _____
Joint Signature (Date) Relationship to Member

Proof of Identification will be required by the Credit Union. Please be prepared to provide a government-issued identification card. 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 this means to you - When you open an account, we will ask for your name, street address, date of birth and other information that will allow us to positively identify you. We may also ask to see your driver’s license or other identifying documents.