

Membership Number: \_\_\_\_\_

## Member Name

Social Security Number/TIN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Password for Account (optional) \_\_\_\_\_

US Citizen  Lawful Permanent Resident  Other \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different from physical address) \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

## Membership Eligibility (Check one & fill in eligibility)

Existing Member  Live in Frederick County  Work in Frederick County  Live in Montgomery County  Work in Montgomery County

Worship in Frederick or Montgomery County at \_\_\_\_\_

Attend School in Frederick or Montgomery County at \_\_\_\_\_

Volunteer in Frederick or Montgomery County at \_\_\_\_\_

Related to \_\_\_\_\_ Relationship \_\_\_\_\_

Reside with this Nymeo member \_\_\_\_\_

## Joint Owner(s)

Joint owner will co-own with member on all share accounts established under the account number associated with this application as joint tenant with right of survivorship, other than IRAs.

## Joint Owner 1 Name

Social Security Number/TIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

US Citizen  Lawful Permanent Resident  Other \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different from physical address) \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

## Joint Owner 2 Name

Social Security Number/TIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

US Citizen  Lawful Permanent Resident  Other \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different from physical address) \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

## Types of Accounts Requested

The Account Number shall apply to the following sub accounts requested:

- |   |   |
|---|---|
| <input type="checkbox"/> Share/Savings  | <input type="checkbox"/> Personal Loan (Separate Application Required)            |
| <input type="checkbox"/> Share Draft/Checking   | <input type="checkbox"/> Overdraft Line of Credit (Separate Application Required) |
| <input type="checkbox"/> Money Market   | <input type="checkbox"/> Visa Credit Card (Separate Application Required)         |
| <input type="checkbox"/> Share Certificate  | <input type="checkbox"/> Auto Loan (Separate Application Required)                |
| Club Account: <input type="checkbox"/> Holiday <input type="checkbox"/> Vacation <input type="checkbox"/> Combo | <input type="checkbox"/> Other: _____   |

## Additional Services Requested

I would like to utilize the following services with my Nymeo membership.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Debit/ATM Card             | <input type="checkbox"/> Online Banking       | <input type="checkbox"/> Person to Person Payments                 |
| <input type="checkbox"/> Checks                     | <input type="checkbox"/> Mobile Banking       | <input type="checkbox"/> Nymeo Investments and Retirement Services |
| <input type="checkbox"/> Electronic Statements      | <input type="checkbox"/> Mobile Check Deposit | <input type="checkbox"/> Nymeo Wills and Trusts                    |
| <input type="checkbox"/> Electronic Transfers/Wires | <input type="checkbox"/> Bill Pay             | <input type="checkbox"/> Nymeo's Automated Telephone Expert (NATE) |

**Optional Account Designations  
Payable on Death Beneficiaries**

POD Payee Name: \_\_\_\_\_ POD Social Security Number: \_\_\_\_\_  
POD Address: \_\_\_\_\_  
POD Payee Name: \_\_\_\_\_ POD Social Security Number: \_\_\_\_\_  
POD Address: \_\_\_\_\_

All beneficiaries will be treated equally, and in the event a beneficiary is deceased, that beneficiary(ies)'s share shall be paid over to the other designated beneficiary(ies).

**UTMA/UGMA Custodial Designation and Information**

Choose one (if applicable):  UTMA (21 years old)  UGMA (18 years old)

The account(s) listed in the "Types of Accounts Requested" section is/are held by the custodian(s) named below for:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security number/TIN: \_\_\_\_\_

Pursuant to the Maryland Uniform Transfers to Minors Act or the Maryland Uniform Gift to Minors Act, I designate the following Successor Custodian(s) for all accounts listed in the "Types of Accounts Requested" section. This designation shall take effect only upon my death, resignation, incapacity, or removal of Custodian named above.

Successor Custodian(s) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Account Destination**

Attorney-in-Fact (Power of Attorney) Name: \_\_\_\_\_  
Guardian/Fiduciary Name: \_\_\_\_\_  
Representative Payee Name: \_\_\_\_\_

**TIN Certification and Backup Withholding Information**

Under penalties of perjury, I certify that (i) I am a U.S. citizen or resident, (ii) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown on this form is my correct identification number, and (iii) I am NOT, unless designated below, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I AM SUBJECT TO BACKUP WITHHOLDING.

If you are a foreign person (not a U.S. citizen or resident), please print, complete, and return form W-8BEN to us with any required documentation.

**Authorization**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Telephone Consumer Protection Act ("TCPA") requires that in order for us to make certain telephonic contact with you regarding your account that you give us your consent. By signing this membership application and providing telephone numbers during the application process, as well as any future numbers you provide to us, you authorize the Credit Union to make contact with you for marketing and/or account servicing information calls or text messages, as well as informational calls about your account through the use of an automatic telephone dialing system. You may withdraw the consent provided at any time by providing written notice to us at 5210 Chairmans Ct, Frederick, MD 21703, by email to info@nymeo.org, or by phone at 855-436-4100.

USA PATRIOT Act Identity Verification Notice: To help our government fight the funding of terrorism and stop money-laundering activities, Federal law requires all financial institutions, including Nymeo, to obtain, verify, and record information that identifies each person who opens an account, including joint owners. 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. We may also ask to see your driver's license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Nymeo Use Only**

Date of Membership: \_\_\_\_\_ Opened by: \_\_\_\_\_ Membership Officer: \_\_\_\_\_  
Member  Charge off list  QualiFile Report  OFAC IDs Verified: \_\_\_\_\_  
Joint 1  Charge off list  QualiFile Report  OFAC IDs Verified: \_\_\_\_\_  
Joint 2  Charge off list  QualiFile Report  OFAC IDs Verified: \_\_\_\_\_