

Membership Number _____

Account Type(s):	<input type="checkbox"/> Savings	<input type="checkbox"/> Additional Savings	<input type="checkbox"/> IRA Savings	<input type="checkbox"/> Premium Savings
	<input type="checkbox"/> Money Market Savings	<input type="checkbox"/> Premier Money Market	<input type="checkbox"/> Holiday Club	<input type="checkbox"/> Vacation Club
	<input type="checkbox"/> Combo Club	<input type="checkbox"/> Student Checking	<input type="checkbox"/> Simply Free Checking	<input type="checkbox"/> Benefits Checking
	<input type="checkbox"/> Easy Interest Checking	<input type="checkbox"/> Premier Interest Checking	<input type="checkbox"/> Share Certificate (term) _____	
Account Ownership:	<input type="checkbox"/> Single	<input type="checkbox"/> Payable-on-Death (POD)	<input type="checkbox"/> Joint With Right of Survivorship	<input type="checkbox"/> Trust
	<input type="checkbox"/> UTMA	<input type="checkbox"/> Other _____		

Joint Account/POD (Payable on Death) Account. Unless contrary direction is given in the Account Agreement, upon the death of a party to the Account, the funds in the multiple-party account shall belong to the surviving party or parties.

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

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 for You: When You open an Account, We will ask You 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 documents.

Primary Owner Information Member Other Specify: _____ U.S. Citizen Non-Permanent Resident Permanent Resident

Name (First, Last, MI & Suffix, or Name of Trust)				Birth Date or Date of Trust
Physical Address		City		State Zip
Mailing Address (if different than above)		City		State Zip
Home Phone	Mobile Phone	Work Number	E-Mail Address	Eligibility
Social Security Number	Driver's License Number		Employer Occupation	

Owner 2 Information Joint Owner Custodian Other Specify: _____ U.S. Citizen Non-Permanent Resident Permanent Resident

Name (First, Last, MI & Suffix)				Birth Date
Physical Address		City		State Zip
Mailing Address (if different than above)		City		State Zip
Home Phone	Mobile Phone	Work Number	E-Mail Address	
Social Security Number	Driver's License Number		Employer Occupation	

Owner 3 Information Joint Owner Custodian Other Specify: _____ U.S. Citizen Non-Permanent Resident Permanent Resident

Name (First, Last, MI & Suffix)				Birth Date
Physical Address		City		State Zip
Mailing Address (if different than above)		City		State Zip
Home Phone	Mobile Phone	Work Number	E-Mail Address	
Social Security Number	Driver's License Number		Employer Occupation	

Owner 4 Information Joint Owner Custodian Other Specify: _____ U.S. Citizen Non-Permanent Resident Permanent Resident

Name (First, Last, MI & Suffix)				Birth Date
Physical Address		City		State Zip
Mailing Address (if different than above)		City		State Zip
Home Phone	Mobile Phone	Work Number	E-Mail Address	
Social Security Number	Driver's License Number		Employer Occupation	

Consent To Contact Agreement

You agree that We may, subject to applicable law, initiate telephone calls to any residential line (wireline service), cellular telephone service, or other wireless service associated with Your Account through use of pre-recorded or artificial voice messages and/or the use of automatic telephone dialing systems, in order for Us to service Your Account, prevent fraud, collect any amounts owed to Us by You, and otherwise conduct Our business with You. If You furnish Us with one or more cellular telephone numbers in connection with Your Account, You represent You are or will be the cellular telephone subscriber with respect to each such number, and that Your consent extends to all such numbers You provide to Us. You understand that the telephone calls We may initiate may result in charges to You by any cellular telephone, internet, or other digital or electronic service to which You subscribe, and You understand and agree that You are solely responsible for the payment of any such charges.

Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____ Address _____ Date of Birth _____ Social Security Number _____ Percentage _____

Name _____ Address _____ Date of Birth _____ Social Security Number _____ Percentage _____

Name _____ Address _____ Date of Birth _____ Social Security Number _____ Percentage _____

Name _____ Address _____ Date of Birth _____ Social Security Number _____ Percentage _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number or You are waiting for a number to be issued to You; and (2) that unless You have indicated to the contrary, You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) that unless You have indicated to the contrary, You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must check the appropriate box below.

You are exempt from withholding You are subject to backup withholding You are a foreign person and not a U.S. resident alien (complete W-8BEN)

UTMA Account

For UTMA (Uniform Transfers to Minors Act) Accounts, You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the Maryland Uniform Transfers to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 21, under the Act.

Owner 2 is named as custodian for the Primary Owner under the Maryland Uniform Transfers to Minors Act.

Designation of Successor Custodian. You appoint _____ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: (1) when and in the event of Your resignation, death, incompetence, or legal incapacitation; and (2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

Signature of Custodian

Signatures

You hereby apply for membership with Nymeo Federal Credit Union. You warrant the truth of the information contained in Your Application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Nymeo Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements And Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your Application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Nymeo Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant (Primary Owner) Signature _____ Date _____

Owner 2 Signature _____ Date _____

Owner 3 Signature _____ Date _____

Owner 4 Signature _____ Date _____

Credit Union Use Only

Date of Membership _____ Opened by _____