

Membership Application & Updates Form

Additional Deposit Products and Services



New Member

Account Update(s) Requested:

Existing Member

Name Change Change of Address Change of Phone Number Add Joint Account Owner(s) (Complete Section C)

Account Number _____

Add Beneficiary (Complete Section D) Additional Deposit Product(s) and Service(s) (Complete Section B)

A: Primary Owner of Account (Please print)

Name (First, MI, Last) _____

Residential Address (Cannot be a P.O. Box)

City, State, ZIP _____

Mailing Address (If different from residence)

City, State, ZIP _____

Home Phone _____ Work Phone _____

Mobile Phone _____

Email Address _____

SSN (TIN if applicable) _____ Birthdate _____ (mm/dd/yyyy)

Foreign TIN (Green Card #) _____

Driver's License Number _____ State _____

Other Form of Identification _____

I.D. Issue Date _____ I.D. Expiration Date _____

Employer _____

Employment Duration ____ years ____ months

Employment Occupation _____

Occupancy Status

Rent Mortgage Living with Others Own Free and Clear

Occupancy Duration ____ years ____ months

I am a U.S. Citizen Permanent Resident Alien Non Resident Alien

Country of Origin _____

Mother's Maiden Name _____

ELIGIBILITY

Tell us how you are eligible for Membership

Employee with the Department of Justice

Employee with the Department of Homeland Security

Retiree of the Department of Justice

Retiree of the Department of Homeland Security

Employee of a DOJ Contractor

Employee or Retired Member of the following Organization
(see Eligibility List at jfcu.org)

Name of Organization _____

Member of a Law Enforcement Association

Employee or Retiree of the Georgia Department of Public Safety

Employee or Retiree of the City of Bridgeport, WV

Family Member of an Eligible Person

Member Name _____ Relationship _____

How did you hear about Justice Federal?

Radio Mail Social Media Event

Other _____

Were you referred by an existing Member? __ Yes __ No

If Yes, Name _____ Zip Code _____

Due Diligence

Will you write or deposit checks?

Will you be using mobile/remote deposit capture to deposit your checks?

Will you send or receive wire transactions?

Will these wires be sent to or received from non-US locations?

Will you send or receive electronic (ACH-related services) transactions?

Will these electronic transactions be sent or received from non-US locations?

Are you currently, or have you ever been a politically exposed person (PEP) or a senior political figure?

Are you an immediate family member or a close associate of someone who is currently, or who was, a PEP? **Name** _____

Are you an employee of an embassy, foreign consulate or foreign mission?

B: Deposit Products and Services

Choose your Justice Federal services by checking the appropriate boxed below.

Share Savings Account (Required for membership, with a \$5 minimum deposit)

Checking Account

Freedom Direct Justice National Beyond the Badge Student
 Order Checks

Young Savers Account (Minors Only)

Share Money Market Account

Share Saver's Club Account

Share Certificate or **Share IRA Certificate**

3 Month 12 Month 24 Month 48 Month
 6 Month 18 Month 36 Month 60 Month

Overdraft Protection

Share Savings Account Money Market Account

Secondary Savings Account Justice Line of Credit
(Loan application required)

Courtesy Pay

I allow Justice Federal to authorize and pay overdrafts on my ATM and everyday debit transactions. I understand I will be charged a fee for each overdraft payment authorized. (See Service Fee Schedule)

Funding Source

Check – By Mail

Cash Internal Transfer (For existing Members)

Debit/Credit Card (Call to Provide Information) Funding at Another Time

Deposit Amount: \$ _____

C: Joint Account Owner(s) Justice Federal may limit transactions conducted by Joint Account Owner(s).

Joint Account Owners are welcome to join for full membership privileges (Please complete an application in your name). To add a Joint Account Owner, select accounts below or Joint Account Owner will be added to all accounts with the exception of IRAs.

Joint Account Owner #1

All Accounts Checking Savings Money Market Certificate
Name (First, MI, Last) _____
Address (Cannot be P.O. Box) _____
City, State, ZIP _____
Home/Mobile Phone _____ Work Phone _____
SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
Full Driver's License Number _____ State _____
Driver's License Issue Date _____ Exp. Date _____
I am a U.S. Citizen Permanent Resident Alien Non Resident Alien
Country of Origin _____ Foreign TIN (Green Card #) _____
Mother's Maiden Name _____ Email Address _____
Employment Status _____ Employment Occupation _____
Employer _____ Employment Duration __ Years __ Months
Occupancy Status
 Rent Mortgage Living with Others Own Free and Clear
Occupancy Duration ____ years ____ months

Joint Account Owner #2

All Accounts Checking Savings Money Market Certificate
Name (First, MI, Last) _____
Address (Cannot be P.O. Box) _____
City, State, ZIP _____
Home/Mobile Phone _____ Work Phone _____
SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
Full Driver's License Number _____ State _____
Driver's License Issue Date _____ Exp. Date _____
I am a U.S. Citizen Permanent Resident Alien Non Resident Alien
Country of Origin _____ Foreign TIN (Green Card #) _____
Mother's Maiden Name _____ Email Address _____
Employment Status _____ Employment Occupation _____
Employer _____ Employment Duration __ Years __ Months
Occupancy Status
 Rent Mortgage Living with Others Own Free and Clear
Occupancy Duration ____ years ____ months

D: Designation Of Beneficiary

When designating multiple beneficiaries the percentage must equal 100%. To add a Beneficiary, select accounts below or the Beneficiary will be added to all accounts with the exception of IRAs. This Beneficiary Designation does not apply to any IRA accounts.

Beneficiary #1

Percentage _____ %

All Shares Checking Savings Money Market Certificate
*Name (First, MI, Last) _____
Relationship to Member _____
Address (Cannot be P.O. Box) _____

City, State, ZIP _____
*SSN/TIN _____ *Birthdate _____ (mm/dd/yyyy)
*All three are required to process the beneficiary.

Beneficiary #2

Percentage _____ %

All Shares Checking Savings Money Market Certificate
*Name (First, MI, Last) _____
Relationship to Member _____
Address (Cannot be P.O. Box) _____

City, State, ZIP _____
*SSN/TIN _____ *Birthdate _____ (mm/dd/yyyy)
*All three are required to process the beneficiary.

E: SSN/Taxpayer Identification Number (TIN)

Certification and backup withholding information

Under penalties of perjury, I certify that: (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) listed above is my correct taxpayer identification number (or I am waiting for one to be issued); and (2) I am not subject to backup withholding because (a) I am exempt, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) because 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); and (4) the FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct.

I am subject to backup withholding I am not a U.S. person, for income tax purposes I must complete a W-8BEN Enter FACTA Code(s) here _____

F: Signature(s) Please include a clear copy of photo ID

I/We hereby certify eligibility for membership and make application for membership in and agree to be bound by and conform to the by-laws, rules, regulations, and policies now in effect and as amended or adopted in the future by Justice Federal. I/We authorize Justice Federal to obtain a consumer credit report in establishing this account or other related financial services as submitted now or in the future. By signing below, I/we certify that all the information on this Application is true and correct under penalty of perjury and acknowledge receipt of the Account Agreements & Disclosures, Funds Transfer Agreement and Fee Schedule. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Owner Signature X _____ Date _____

Joint Account Owner #1 Signature X _____ Date _____

Joint Account Owner #2 Signature X _____ Date _____

Credit Union Use Only

Account Number _____ CU Representative _____ Date _____