



Membership and Services Application and Agreement

East Baltimore Branch
2027 E. Monument St.
Baltimore, MD 21205

Homewood Branch
4 E. 33rd Street
Baltimore, MD 21218

Bayview Branch
5201 Alpha Commons Dr.
Baltimore, MD 21224

*** All applications must include a photocopy of the Primary or Family Member's and Joint Owner's Johns Hopkins or affiliate Employee ID (if applicable) and a valid government-issued ID that contains the individual's signature, such as a Driver's License, State-issued ID, or Passport.**

Additionally, if You are a Johns Hopkins University student or Your Application is for a Student Share Draft Checking Account, You must also include a photocopy of Your College ID Card.

<input type="checkbox"/> New Account (Primary Member)	<input type="checkbox"/> New Account (Family Member)	Credit Union Use Only Account Number: _____
<input type="checkbox"/> Changes / Additions to Current Account	<input type="checkbox"/> Name Change (include proof of name change)	
Account Type(s):		
<input type="checkbox"/> New Member / Share Savings	<input type="checkbox"/> Share Draft Checking	<input type="checkbox"/> Grad Student Summer Savings
<input type="checkbox"/> Custom Savings, Name: _____	<input type="checkbox"/> Education Savings – 3 Year	<input type="checkbox"/> Student Share Draft Checking
		<input type="checkbox"/> Holiday Club <input type="checkbox"/> Money Market
		<input type="checkbox"/> Education Savings – 5 Year <input type="checkbox"/> Other _____

Primary Member Information

(Mr., Ms., Mrs.)	First	M.I.	Last	Suffix
Home Address		City	State	Zip
Mailing Address (if different than home address)		City	State	Zip
Social Security Number	State/Government-Issued ID Type and ID Number	Issue Date	Exp. Date	Birthdate
				Mother's Maiden Name
Primary Telephone	Cell Telephone	Work Telephone	Extension	E-Mail Address
Employer	Department	Occupation	Employment Date	
WORK LOCATION: <input type="checkbox"/> JH Medical Institutions <input type="checkbox"/> JH – Homewood <input type="checkbox"/> JH – Bayview <input type="checkbox"/> JHFCU <input type="checkbox"/> Other _____				
Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are You a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have You been a Maryland resident for 5 years or more? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, where did You reside previously? _____				

New Membership Questionnaire (must complete all questions)

1. **Purpose of Account?** Everyday Expenses Savings Retirement Educational Expense Other (please explain): _____
2. **Anticipated Transaction Activity?** Wire Transfers Online/Mobile Banking In Branch
3. **Deposit Types?** Cash Checks Direct Deposit Wire Transfers Frequency: Weekly Bi-Weekly Semi-Monthly Monthly
4. **Income Source?** Wages/Salary Retirement Rent Investment Other (please explain): _____

Joint Account/Payable-on-Death

Unless You provide Us with direction to the contrary at the time You submit Your Membership Services Application & Agreement, upon the death of a party to the Account, the funds in the multiple-party Account shall belong to any surviving party or parties.

Joint Account with Survivorship

(On the death of a party to the Account, the deceased party(ies) ownership in the Account passes to the surviving party(ies) to the Account.)

Payable-on-Death

(On the death of the Accountholders, the deceased party(ies) ownership in the Account passes to the beneficiary(ies) Named below.)

Joint Owner 1 Information

(Mr., Ms., Mrs.)	First	M.I.	Last	Suffix
Address		City	State	Zip
		Birthdate		
Social Security Number	State/Government-Issued ID Type and ID Number	Issue Date	Exp. Date	Mother's Maiden Name
Primary Telephone	Work Telephone	Extension	Employer	Occupation
				Employment Date
Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are You a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				E-Mail Address

Joint Owner 2 Information

(Mr., Ms., Mrs.)	First	M.I.	Last	Suffix
Address		City	State	Zip
		Birthdate		
Social Security Number	State/Government-Issued ID Type and ID Number	Issue Date	Exp. Date	Mother's Maiden Name
Primary Telephone	Work Telephone	Extension	Employer	Occupation
				Employment Date
Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are You a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				E-Mail Address

Payable-on-Death Account: If You would like to establish Your Account as a Payable-on-Death Account and You would like to designate beneficiary(ies), please fill in the appropriate section(s) below. The account owners reserve the right to change, or revoke, this designation at any time. **Please note that a separate "Payable-on-Death Designation" form may be required to be completed separately to substantiate Payable-on-Death status.** In the event of Your death, You, the undersigned, hereby designate the following beneficiary(ies):

Beneficiary 1 Name	Birthdate	Social Security Number	Percentage
Beneficiary 2 Name	Birthdate	Social Security Number	Percentage
Consent of Spouse (If You live in a community property state, are married and beneficiary is other than spouse.)		Name of Spouse	Signature of Spouse
			Date

APPLICATION CONTINUED ON OTHER SIDE

ATM Card/Visa Debit Card/TeleBranch 24/Online Banking/Checks

You are requesting the following products or services be established for You (all members automatically receive Our Online Banking Account Access and TeleBranch 24 Telephone Account Access services), and to whom access will be granted: Primary Account Owner Joint Owner 1 Joint Owner 2
 ATM Card Visa Debit Card Checks TeleBranch 24 Telephone Account Access Online Banking Account Access

Lending Products

If You are interested in any lending products, please check the preceding box, then indicate the type of product, timeframe to be contacted and the number to be contacted at:
 _____ (type of loan) _____ (timeframe to be contacted) _____ (contact number)

Membership Eligibility Statement (check one)

- 1. You are an employee or retiree of one of Johns Hopkins Federal Credit Union's sponsor organizations/Select Employee Groups (ask for list).
- 2. You are a student of Johns Hopkins University, or a member of the Johns Hopkins Alumni Association
- 3. You are an immediate family member or household member of a current Johns Hopkins Federal Credit Union primary member.

Family Member's Name Relationship Last 4 digits of Family Member's Social Security Number
- 4. You live, work, worship or attend school in Census Tract 2605.01 in the City of Baltimore.
- 5. You are a current Johns Hopkins Federal Credit Union primary member.

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.

Important IRS Information

Under penalties of perjury, You certify that:

1. The number shown on this form is Your correct taxpayer identification number (TIN) (or You are waiting for a number to be issued to You); and 2. You are not subject to backup withholding because: (a) You are exempt from backup withholding; or (b) You have not been notified by the Internal Revenue Service that You are subject to backup withholding as a result of failure to report all interest or dividends; or (c) the IRS has notified You that You are no longer subject to backup withholding; and 3. You are a U.S. person (including a U.S. resident alien); and 4. You are exempt from FATCA reporting.

Please consult IRS publication 1679 for additional information about backup withholding and a copy of IRS form W-9.

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 of underreporting interest or dividends on Your tax return.

Membership Application Agreement

Whenever used in this Membership Application and Agreement, the words "You" and "Your" refer to the Primary Accountholder and any Joint Owners named in this Membership Application and Agreement. The words "We," "Us" and "Our" mean the Johns Hopkins Federal Credit Union. You understand with Your signature on this Agreement You can establish other Credit Union accounts and that Your signature constitutes a request for any identifying number and/or access device issued by the Johns Hopkins Federal Credit Union in connection with such accounts. If You are a joint owner, You understand that ownership of an individual Account is subject to meeting membership eligibility requirements. You understand and agree that only those named in this Agreement are authorized to initiate Wire Transfer Requests with the Johns Hopkins Federal Credit Union. Any such request will be made in accordance with Our underwriting guidelines for Wire Transfers.

Signatures

You hereby apply for membership in the Johns Hopkins Federal Credit Union. You, and all joint owners, acknowledge receiving a copy of the Johns Hopkins Federal Credit Union Agreements and Disclosures and You agree to be bound by the terms and conditions found therein with respect to any products and/or services You are now requesting and with respect to those that You may request in the future. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. In addition to establishing a Share Savings Account with Us, 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. Your signature below is Your continuing authorization for Us 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 below in the payment of funds or the transaction of any business for Your Account. You authorize Us to transfer funds from any Share Account You may have with Us in multiples necessary to clear any overdraft on any Share Draft Account You may have with Us, subject to any fees related to such transfers. Subject to applicable laws and regulations, You further authorize any person, association, firm, corporation, personnel office or credit reporting agency to furnish, upon Our request, information concerning Your employment, credit standing and financial responsibility. In addition to using this information to evaluate Your eligibility for membership, it may also be used to pre-determine Your possible eligibility for various Johns Hopkins Federal Credit Union credit products and services.

You warrant the truth of the information contained in Your application for membership and/or subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility and/or credit worthiness.

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's (Primary Member) Signature	Date	Joint Owner #1 Signature	Date	Joint Owner #2 Signature	Date
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For credit union use only:

Qualifile (Primary Member)	Qualifile (Joint Owner 1)	Qualifile (Joint Owner 2)
<input type="checkbox"/> OFAC	<input type="checkbox"/> OFAC	<input type="checkbox"/> OFAC
<input type="checkbox"/> Agreements and Disclosures, Rate Supplement and Schedule of Fees and Charges given personally: _____ Employee's Initials Date		CU2U Accounts Only: <input type="checkbox"/> Employee ID and eligibility verified _____ Date Verified _____ JHFCU Employee's Initials
<input type="checkbox"/> Agreements and Disclosures, Rate Supplement and Schedule of Fees and Charges given by mail: _____ Employee's Initials Date		
Address Verification <input type="checkbox"/> Credit Report <input type="checkbox"/> ID <input type="checkbox"/> Other		<input type="checkbox"/> ID Scanned <input type="checkbox"/> App Imaged Work ID# _____