



Membership Application

1801 Dabney Road, PO Box 6882, Richmond, Virginia 23230
(804) 353-8012 (800) 944-3622 Fax: (804) 359-4991 efcu@entrustfcu.org www.entrustfcu.org

Membership Eligibility: *Entrust Financial CU serves those who live, work, regularly conduct business, worship, volunteer, or attend school in the Richmond, Virginia and surrounding area. For a full list of the areas we serve, please visit www.entrustfcu.org/About-Us/Membership*

New Updated Date: _____ Referred by: _____ Credit Union account #: _____

Member/Owner Information

First Name: _____ MI: _____ Last name: _____
Date of Birth: _____ Mother's maiden name: _____ SSN#: _____
Physical address (no PO Boxes): _____
City: _____ State: _____ Zip: _____
Mailing address (if different than above): _____
City: _____ State: _____ Zip: _____
Home phone #: _____ Work phone #: _____ Cell#: _____
Email address: _____
Call-in password question: _____ Answer: _____
Driver's license #: _____ State: _____ Passport ID (optional): _____
Membership Eligibility: _____ Area: _____ How did you find out about Entrust?: _____
Employer: _____ Job Title/Occupation: _____

Joint Owner 1 All accounts Specific Accounts: _____

First Name: _____ MI: _____ Last name: _____
Date of Birth: _____ SSN#: _____
Physical address (no PO Boxes): _____
City: _____ State: _____ Zip: _____
Home phone #: _____ Work phone #: _____ Cell#: _____
Email address: _____
Driver's license #: _____ State: _____ Passport ID (optional): _____

Joint Owner 2 All accounts Specific Accounts: _____

First Name: _____ MI: _____ Last name: _____
Date of Birth: _____ SSN#: _____
Physical address (no PO Boxes): _____
City: _____ State: _____ Zip: _____
Home phone #: _____ Work phone #: _____ Cell#: _____
Email address: _____
Driver's license #: _____ State: _____ Passport ID (optional): _____

Account Designations

- Individual Joint Account with Survivorship** Joint Account without Survivorship***

**On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

***On the death of a party to the account, the deceased party's ownership in the account passes to the listed Payable on Death Beneficiaries listed below or the owner's estate by will, trust, or intestacy.

- Payable on Death (POD) Designation** allows member to designate beneficiaries. Upon the death of all member/owners, available shares will be split equally among all surviving beneficiaries.

Beneficiary 1: First Name: _____ MI: _____ Last name: _____

Date of Birth: _____ SSN#: _____

Physical address (no PO Boxes): _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Work phone #: _____ Cell#: _____

- Payable on Death (POD) Designation** allows member to designate beneficiaries. Upon the death of all member/owners, available shares will be split equally among all surviving beneficiaries.

Beneficiary 2: First Name: _____ MI: _____ Last name: _____

Date of Birth: _____ SSN#: _____

Physical address (no PO Boxes): _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Work phone #: _____ Cell#: _____

For additional beneficiaries, please let us know if you need another Payable on Death (POD) form.

Accounts

- Share Savings - S1 Share Certificate OR Jumbo Certificate (over \$97,000)
- Basic Checking - S8 Term: 6 mo.
- Money Market - S10 12 mo. Amount: \$ _____
- Club Account - S31 18 mo. Dividend Payment: Compound
- Christmas Club - S30 24 mo. Pay by Check
- _____ 36 mo. Credit to Account # _____
- _____ 60 mo.
- I would like Entrust Financial CU to share other financial solutions that I may qualify for after reviewing my credit report.

Debit Card

- Order card for (check all that apply): Member/Owner Joint Owner 1 Joint Owner 2
- Branded (with EFCU logo) Account(s) that need cards: _____
- Unbranded (without EFCU logo) (Each account gets individual card)
- Where would you like your cards mailed? Address on file OR Alternate address (Dates available: _____)
- Alternate address: _____
- City: _____ State: _____ Zip: _____

Taxpayer Identification Number (TIN) Certification and Backup Withholding Information

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct TIN (or I am waiting for a number to be issued),
2. 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, a corporation, company, or association created or organized in the United States or under the laws of United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7).
3. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Check here 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not certify this section.

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any): _____

Authorization

Entrust Financial CU needs your permission to use the cell phone, work phone, residential phone numbers and email addresses you have provided to call, email and send texts to discuss your accounts and any of our products or services now and in the future. Your permission includes our use of an automatic dialing system to initiate our calls and texts. Your consent is not required to use our products and services.

Please initial the box if you agree to give Entrust Financial Credit Union your express consent.

By signing below, you certify that the information on this Membership Application is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Membership Application for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing at the bottom, you agree to the terms of the following Agreements applicable to the Accounts and Services you requested.

- Membership and Account Agreement. You acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.
- Electronic Funds Transfer Agreement. If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

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

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

FOR CREDIT UNION USE ONLY			
Date of Membership/Change:	Opening Approved by:		Membership Verification:
<input type="checkbox"/> Computer System Flagged	Loans:	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	
DP Insight Approval Code:	Sent to:	Date:	# of Cards:



Payable on Death (POD) Designation** Form

**On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

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Beneficiary 3: First Name: _____ MI: _____ Last name: _____

Date of Birth: _____ SSN#: _____

Physical address (no PO Boxes): _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Work phone #: _____ Cell#: _____

Beneficiary 4: First Name: _____ MI: _____ Last name: _____

Date of Birth: _____ SSN#: _____

Physical address (no PO Boxes): _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Work phone #: _____ Cell#: _____

Beneficiary 5: First Name: _____ MI: _____ Last name: _____

Date of Birth: _____ SSN#: _____

Physical address (no PO Boxes): _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Work phone #: _____ Cell#: _____

Beneficiary 6: First Name: _____ MI: _____ Last name: _____

Date of Birth: _____ SSN#: _____

Physical address (no PO Boxes): _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Work phone #: _____ Cell#: _____

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date