

Instructions for Completing New Member Account Card

Thank you for your interest in joining Vantria Federal Credit Union. Please complete the front of the account card and sign under the section marked "Authorization". Turn to the reverse side if you would like to elect additional services or if you would like to have another person(s) on the account with you. If you have any questions as you complete the account card, please call 703-913-0700. **We look forward to serving you.**

Completing the Account Card – Page 1

- Account Type – Check the types of accounts you would like to open. Automatically check Share Savings, as that is required to establish your membership. All other accounts are optional. If you do not see the type of account you would like to open listed, write it in next to "Other" or call us to make sure we offer that account.
- Member Application and Ownership Information – Complete as indicated. Under "Eligibility for Membership" be sure to tell us whether you live, work, worship, attend school or volunteer in Fairfax County or City.
- Authorization – Please sign and date the card.

Completing the Account Card – Page 2

- Account Services – Check any other services listed that may be of interest to you and we will send you more information.
- Account Ownership – If this is a single account, check individual and sign on the line below. If this is a joint account, indicate in one of the two remaining boxes how funds should be handled in case of death. The joint owner's information should be filled in where indicated and they must sign and provide the same proof of identity as the primary account holder.
- Account Designations – Indicate a beneficiary on the account. If opening an account for a minor, the VUTMA information should be completed and proof of identity (including birth certificate) must be provided for the minor child.

Items You Will Need to Return to Vantria FCU

- Account Card
- Proof of Eligibility – Indicate if you live, work, worship, volunteer, or attend school in Fairfax County or the City of Fairfax. Include one (1) of the following as proof of eligibility:
 - A copy of a utility bill with an address that matches the one you list on the account card.
 - A copy of your work identification, pay stub or employment letter.
 - A copy of a church bulletin, 2005 tithing summary or a letter from a church official.
 - A copy of an unofficial transcript from your school showing current enrollment.

If you are a family member of an existing Vantria FCU member or potential member, please provide their name and/or account number.

- Proof of Identity - If you are opening your account by mail, please provide a clear photocopy of a non-expired photo ID card that has current address information as well as a social security card, along with your signature notarized on the card. A notary form is enclosed.
- Notary Form – If opening your account by mail, please have your signature notarized on the card by a notary public.
- A Check or Money Order - In order to be a member, you need to have one share (\$25.00) on deposit in the credit union in a regular savings (share) account.

Within 5-7 business days, you will receive a copy of your receipt, membership card and number, and membership disclosures. We look forward to serving you soon. Please call us with any questions.



6708 Backlick Road, Springfield, VA 22150

Instructions:

- Complete the New Member Account Card/Account Change Card
- If mailing to Vantria Federal Credit Union, all signatures must be notarized.
- If one or more persons will not be present to open/change the account, the person(s) not appearing in person must have their signature notarized.
- Include a copy of a current government-issued picture ID (Driver's License, Walker's ID, etc.). If the address on the ID is not current, please include a utility bill which shows the correct address.
- Include a copy of your Social Security card.

NOTARY

Document: Vantria Federal Credit Union Account Card/Account Change Card

I, _____, a notary public for _____ County in the state of _____, do hereby certify that _____ personally appeared before me with identification proving self and acknowledged his/her execution of the Vantria Federal Credit Union New Member Account Card/Account Change Card Document.

Witnessed by my hand and official notary, this ____ day of _____, 20__.

NOTARY'S PRINTED NAME

(Notary Seal)

SIGNATURE

My Commission expires: _____

VANTRIA

FEDERAL CREDIT UNION
6708 BACKLICK ROAD
P.O. BOX 5098

SPRINGFIELD, VA 22150-5098 ACCOUNT TYPE

ACCOUNT CARD

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Form with checkboxes for account types: Share/Savings, Share Draft/Checking, Share Certificate, Money Market, Other. Includes fields for Suffix*.

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Form for member application including fields for Member No., Street, City/State/Zip, Home Phone, Work Phone, E-mail, SSN/TIN, Driver's Lic. No., Date of Birth, Password, Employment, and Eligibility for Membership.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:
(1) The number shown on this form is my correct taxpayer identification number,
(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
(3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions. Cross out item 2 above 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we 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. I /We acknowledge receipt of a copy of the Agreement 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 Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature and date lines for authorization, including fields for Signature, Date, and X.

ACCOUNT SERVICES

Form for account services including checkboxes for Payroll Deduction/Direct Deposit, Overdraft Protection, PC Access/Internet Banking, ATM Card, Debit Card, Audio Response, and Other.

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.
Individual, Joint Account with Survivorship, Joint Account No Survivorship

Signature lines for individual and joint account owners.

Form for joint owner information including SSN/TIN, Street, City/State/Zip, Home Phone, Work Phone, Driver's Lic. No., Date of Birth, Password, and E-mail.

Form for joint owner information including SSN/TIN, Street, City/State/Zip, Home Phone, Work Phone, Driver's Lic. No., Date of Birth, Password, and E-mail.

ACCOUNT DESIGNATIONS

Form for payable on death (POD) account including fields for Payee, Street, City/State/Zip.

Form for trust account including fields for Payee, Street, City/State/Zip.

Form for agency including fields for Print name of Agent, Signature, and date.

Form for VUTMA (as custodian for minor) including fields for name of minor, Virginia Uniform Transfers to Minors Act, Age, and Minor's SSN.

Other designation field with checkbox for See Account Authorization Card.

FOR CREDIT UNION USE ONLY section including checkboxes for See Account Change Card, See Insurance Beneficiary Card, Credit Report, Check Verify, PIN Request, Access Card, Audio Response, and PC Access/Internet Banking.