



DELIVERING SERVICE TO YOU - SINCE 1929 - www.POCUMD.org

Mailing Address
P.O. Box 22911
Baltimore, MD 21203-4911

Hours Mon. thru Fri. 8am - 4pm

Main Office
900 East Fayette St., Suite 606
Baltimore, MD 21233-9810

Phone (410) 727-5469

Membership Application

You will need a check or money order for your initial deposit of \$10.25 or more to open your Share Savings Account (includes \$0.25 processing fee to open the account). Make the check or money order payable to Post Office Credit Union of Maryland. Cash accepted if you sign up in person.

Provide a valid picture identification that verifies your name, address and other identifying information.

New Application Additional Joint Owner(s) Replacement of Joint Owners Revision Type: _____

| | | | | | |
|--|------------------------|--|-------------------------------|--|-----|
| Account Number | | Primary Account Owner (Last Name, First, Middle Initial) – Please print name | | | |
| Street Address | | City | | State | Zip |
| Date of Birth | Social Security Number | | Driver's License Number/State | | |
| Home Phone | Cell Phone | E-Mail Address | | Membership Eligibility (if applicable) | |
| Employer | | | | Work Phone | |
| Joint Account Owner (Last Name, First, Middle Initial) – Please print name | | | | | |
| Street Address | | City | | State | Zip |
| Date of Birth | Social Security Number | | Driver's License Number/State | | |
| Home Phone | Cell Phone | E-Mail Address | | | |
| Employer | | | | Work Phone | |

Which accounts would you like to open? (check all that apply)

Share Savings Share Draft Money Market Christmas Club Vacation Club Certificate of Deposit

How would you like to access your accounts? (check all that apply)

ATM Card Audio Response Internet Banking Bill Pay (must have a Share Draft Account)

Tell us about your Payable on Death Payee(s) The following person(s), if living, will own any funds remaining in the account(s) after the death of all account owners.

| | | | | | |
|---|------------------------|------|------------|------------|-----|
| Payable on Death Payee (Last Name, First, Middle Initial) – Please print name | | | | | |
| Street Address | | City | | State | Zip |
| Date of Birth | Social Security Number | | Home Phone | Work Phone | |
| Payable on Death Payee (Last Name, First, Middle Initial) – Please print name | | | | | |
| Street Address | | City | | State | Zip |
| Date of Birth | Social Security Number | | Home Phone | Work Phone | |

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
- 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
- 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).
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

| | |
|-------------------------|--|
| Exemption Code (if any) | Exemption from FATCA reporting code (if any) |
|-------------------------|--|

| | | | |
|-----------------------------------|------|-------------------------|------|
| Primary Account Owner's Signature | Date | Joint Owner's Signature | Date |
|-----------------------------------|------|-------------------------|------|

You must read and sign the reverse side for your application to be processed.

The USA Patriot Act

The USA Patriot Act, effective October 1, 2003, is intended to identify, prevent and deter money laundering and terrorist activity. All financial institutions are required to implement a customer identification program to ensure safety amongst its members. Anyone wishing to open an account or add a joint member with the Credit Union will need to provide valid picture identification that verifies your name, address and other identifying information. Confidentiality of the information will be maintained by the Credit Union and protected as required under our privacy policy.

JOINT SHARE ACCOUNT AGREEMENT (Not Transferable – If Applicable)

POST OFFICE Credit Union OF MARYLAND is hereby authorized to recognize any of the signatures subscribed hereto in payment of funds or the transaction of any business for this account. The joint owners of this account, hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor of survivors shall be valid and discharge said Credit Union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the Credit Union from time to time.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from this Credit Union.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made.

| | | | |
|-----------------------------------|------|-------------------------|------|
| Primary Account Owner's Signature | Date | Joint Owner's Signature | Date |
|-----------------------------------|------|-------------------------|------|

By signing the other side of this form, 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.

Acknowledgement of Disclosure

Your board of directors here elected to have the share accounts of this institution insured by American Share insurance (ASI), a member owned cooperative share insurance corporation, which provides share insurance up to \$250,000 per account.

In accordance with the Financial Services Regulatory Relief Act of 2006 and the Federal Deposit Insurance Corporation Improvement Act of 1991, please be advised that this Credit Union is not federally insured, and if the institution fails, the Federal Government does not guarantee that the depositors will get their money back. That is the responsibility of American Share Insurance.

I acknowledge that I have read the disclosure statement on my share account(s).

| | | | |
|-----------------------------------|------|-------------------------|------|
| Primary Account Owner's Signature | Date | Joint Owner's Signature | Date |
|-----------------------------------|------|-------------------------|------|

Information About Your Share Insurance

Protecting your savings in the Credit Union tradition of member owned cooperative share insurance is a priority of your Credit Union's board of directors. This section is designed to answer questions and fulfill the requirements of federal law regarding disclosure about this coverage.

If you have further questions after reviewing this section, please contact your Credit Union.

Answers to Common Questions About Your Share Insurance

Q. How much coverage is provided?

A. Your savings in your Credit Union are insured up to a maximum of \$250,000. Included are the various types of accounts a member may have such as shares, share drafts, certificates and club accounts.

Q. How much does this Insurance cost?

A. There is no cost to you for the coverage.

Q. How do I get this coverage?

A. Your accounts are automatically insured when you are a member of the Credit Union.

Q. Who insures these accounts?

A. Your savings are insured by American Share Insurance (ASI) a Non-Federal Insurer cured by its member Credit Unions, its only purpose is to protect member savings. Savings insured by ASI are not guaranteed by any state or federal government or government sponsored agency.

Q. Why are we insured by ASI?

A. Your board of directors have determined that ASI has the financial strength and experience to best meet the needs of the Credit Union.

Should you have any questions regarding your Share Insurance protection, please contact the Credit Union or call ASI at 1-800-521-6342.

WWW.AMERICANSHARE.COM



Post Office Credit Union of Maryland, Inc. is privately insured by American Share Insurance up to \$250,000 per account.

This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. Accounts with this institution are not insured by any state government.

