

# FOLLOW THESE EASY STEPS TO JOIN

**1** Please complete this Membership/Share account application, to become a member and establish a Share/Savings account. All other products and services will then be available to you.

- Complete application and **sign in INK; digital signatures will not be accepted.** Ensure primary and joint owners (if applicable) sign in ink and include a valid copy of their government issued ID.
- The address on the Primary's ID must match the address on your application.
- Provide proof of membership eligibility, along with your initial deposit of \$5.00.
- If submitting via email or mail, include a clear copy of all signer's/owner's valid driver's license or state-issued identification card.

**2** Return your completed form(s) by email to [membership@usemployees.org](mailto:membership@usemployees.org), mail, or drop off at a USECU office.

## Membership Application

### PRIMARY MEMBER INFORMATION

Member Name \_\_\_\_\_ Member # \_\_\_\_\_  
 Street Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Work Phone / Ext. \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Driver's License # \_\_\_\_\_

- If checked, the undersigned agrees to the terms of the proxy; see Proxy section below.
- If checked, the undersigned agrees to the terms on the separate "Understanding Your Account" account disclosure/agreement. **Select preference:**
- I have received the Account Agreement.
- Please email to email address listed to the left.
- Please mail me the Account Agreement today.
- If checked, the undersigned agrees to receive periodic emails from USECU.

**ACCOUNT OWNERSHIP:** (check one box only)  Individual  Individual with Beneficiary  Joint\*  Joint with Beneficiary\*  Other  
\*with right of survivorship

### BENEFICIARY DESIGNATION:

Printed Name	Date of Birth	S/S Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

### MEMBERSHIP ELIGIBILITY:

Gov't Employee (Agency)  Retired Gov't Employee (CSA #)  Family Member of (Member's Name)

### SIGNATURES:

Primary Member Signature _____	Social Security Number _____	Birth Date _____
Printed Name _____		
Joint Member Signature _____	Social Security Number _____	Birth Date _____
Printed Name _____		
Joint Member Signature _____	Social Security Number _____	Birth Date _____
Printed Name _____		
		MSR Initials _____

I/We hereby: (1) agree to the terms and conditions of the separate account disclosure(s) and fee schedule, as amended from time to time, and acknowledge its receipt, (2) authorize USECU to obtain copies of my/our credit report, now and in the future, in order to determine eligibility for products and services offered by or through USECU, (3) apply for membership and agree to subscribe to at least one share and to follow the bylaws of USECU, (4) certify that I am a U.S. person (including a U.S. resident alien).

Certification: Under penalties of perjury, I certify (1) that the number on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

(You must cross out item (2) above if the IRS has notified you that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.)

Primary Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

We're Here for You  
 **312.922.5310**  
[myusecu.org](http://myusecu.org)

### REGULAR SHARE ACCOUNT AGREEMENT

Member Name \_\_\_\_\_ Date \_\_\_\_\_  
 Member # \_\_\_\_\_

#### PROXY

The member does hereby constitute and appoint the members of the Board of Directors of U.S. Employees Credit Union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the member is entitled, for the election of directors, mergers and any matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is canceled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and such candidates, as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

#### USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering, 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 for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license, state issued identification, or other identifying documents.



Federally insured  
by NCUA