



5260 Western Avenue  
Chevy Chase, MD 20815  
800-542-7896 (toll-free)  
301-986-2082  
www.geicofcu.org

# MEMBERSHIP APPLICATION

All applicants must provide at least two forms of identification, including one valid state or Government issued identification with photo. As required by Federal Law, the Credit Union must verify the identity of each person seeking to open an account (including joint owners) and must maintain records of information used to verify each person's identity.

(Please Print)

<b>PRIMARY OWNER OF ACCOUNT</b>	<i>Please check one box</i> <input type="checkbox"/> <b>New Membership</b> <input type="checkbox"/> <b>Open Secondary Share Account</b> <input type="checkbox"/> <b>Update Share Account No.*</b> _____
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Last Name	First Name	Middle Initial	Date of Birth	Mother's Maiden Name		
Residence Address (Not P.O. Box)	City	State	Zip	Work Phone	Home Phone	Cell Phone
Employer	Address	City	State	Zip	GEICO Associate Number	
Social Security No.	Driver's License No./State			Email Address		

<b>Membership Eligibility:</b> <input type="checkbox"/> GEICO Corporation <input type="checkbox"/> GEICO Contract Employee <input type="checkbox"/> Family Member <input type="checkbox"/> Other	<b>Citizenship:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident
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<b>JOINT OWNER OF ACCOUNT</b>	<i>Please check one box</i> <input type="checkbox"/> <b>Individual</b> <input type="checkbox"/> <b>Joint Account with Survivorship</b> <input type="checkbox"/> <b>Joint Account without Survivorship</b>
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Last Name	First Name	Middle Initial	Date of Birth	Mother's Maiden Name		
Residence Address (Not P.O. Box)	City	State	Zip	Work Phone	Home Phone	Cell Phone
Employer	Address	City	State	Zip	GEICO Associate Number	
Social Security No.	Driver's License No./State			Email Address		

<b>Membership Eligibility:</b> <input type="checkbox"/> GEICO Corporation <input type="checkbox"/> GEICO Contract Employee <input type="checkbox"/> Family Member <input type="checkbox"/> Other	<b>Citizenship:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident
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## PLEASE CHECK THE SERVICES YOU ARE REQUESTING WITH GEICO FCU

<input type="checkbox"/> Share/Savings Account	<input type="checkbox"/> No-Fee Checking Account	<input type="checkbox"/> Direct Deposit/Payroll Deduction	<input type="checkbox"/> Visa® Debit Card/ATM card
<input type="checkbox"/> Share/Savings Certificate	<input type="checkbox"/> MasterCard® Credit Card	<input type="checkbox"/> New, Used or Refinanced Auto Loan	<input type="checkbox"/> Signature Loan
<input type="checkbox"/> Home Equity Loan/Line of Credit	<input type="checkbox"/> First Mortgage Loan	<input type="checkbox"/> Overdraft Protection	<input type="checkbox"/> Quick teller Telephone Banking

## DESIGNATION OF BENEFICIARY (SHARES)

Beneficiary Designation: Upon death of all owners, this account shall be paid to the following:

Printed Name (First, MI, Last)	Date of Birth	Address	Social Security Number	%

## AUTHORIZATION AND SUBSTITUTE W-9 FORM

Under penalties of perjury, I certify that 1) the number shown on this form is my correct Taxpayer Identification Number and 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. citizen or other U.S. person (including a U.S. resident alien). 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 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 you have failed to report all interest and dividends on your tax return. By crossing out item 2, I/we certify that the language related to underreporting does not apply. If you are not a U.S. Citizen or Resident Alien, complete a W-8 BEN to certify foreign status.

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, Online Banking Access Disclosure, if applicable, Schedule of Fees, and to any amendment the Credit Union makes from time to time which are incorporated herein.

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

**Credit Check Authorization:** I/We hereby authorize GEICO FCU to receive and exchange credit, income and employment information and permit the Credit Union to verify this information from whichever sources it deems necessary, and may, now and in the future, provide others with information regarding my/our credit history, to the extent permitted by law.

I/We certify that this application is true and complete and accurately represents my/our present financial condition. I/We understand and acknowledge that if the application is approved, I am/we are bound by all terms and conditions of all agreements and disclosures which will be given to me/us. Use of my/our credit account, including the issuing of loan drafts, accessing my/our overdraft protection and/or use of any access device made available to me/us, will further certify my/our acceptance of the terms contained therein. Enrollment in online banking is automatic.

Member's Signature	Date	Joint Owner's Signature	Date
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<b>FOR CREDIT UNION USE ONLY</b>	Date of Membership _____ Opened/Approved By: _____ Member Verification: _____ <input type="checkbox"/> ChexSystems Verification <input type="checkbox"/> Check order <input type="checkbox"/> Online Banking <input type="checkbox"/> Disclosures <input type="checkbox"/> Visa Debit Cards <input type="checkbox"/> ATM Card	MA-0418
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